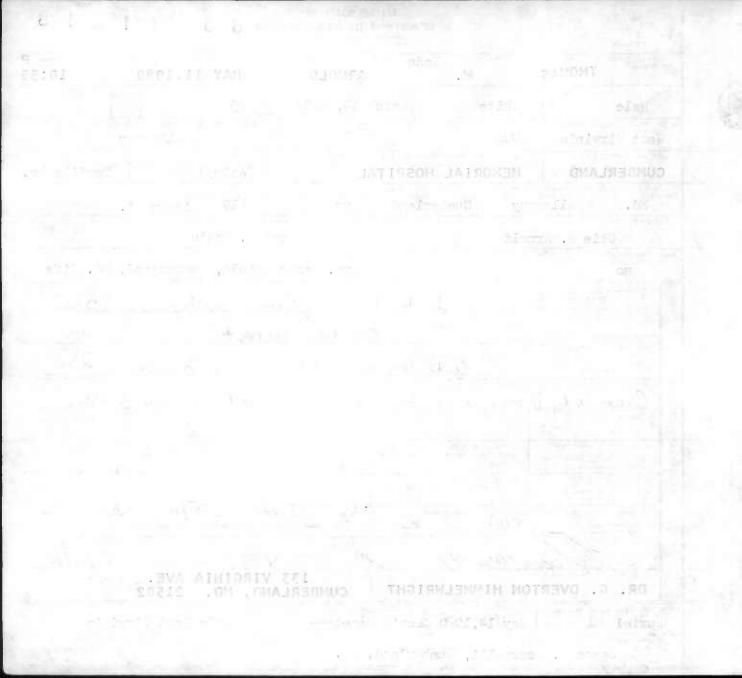
1	FOR STATE REGISTRAR			OF HEALTH AND MENTA INER'S CERTIFICATE	U U	131
	PECEASED NAM		MIDDLE	LAST		MONTH DAY YEAR 76.
		Francis	Lee	Aldridge		May2 7 1980 /4
3. S	ale	4. RACE White	5. DATE OF BIRTH MONTH DAY Sept. 22 1910 69	RIHDAY) MONTHS DAYS HOURS		2, 1980 5
	BIRTHPLACE (S FOREIGN COUNTRY)	TATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED 9. BALTIMORE CITY OR Allegany	COUNTY OF DEATH
10.	Cumber		11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI 1514 B OLD WIN	OME, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE O FOR MOST OF WORKING LIFE) Glass Cutter	FWORK 12b. KIND OF BUSIN OR INDUSTRY Retail
5 130.	STATE Md	. All	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADJ	AISSION) N 13d. INSIDE (ITY LIMITS AND YES DC NO	13e. STREET ADDRESS 1514 B Oldtowne	
14.	FATHER'S NAME		MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME MIDDLE	LAST
160	WAS DECEASE (YES, NO, OR UNKNO	DEVER IN U.S. ARM	Aldridge ED FORCES? (AR OR DATES) Aldridge 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	olette ADDRESS 131 12 V. Aldridge Cw	Bridges 4 B Oldtowne mb. Md.
	PART I DE	ATH WAS CAUSED	ane cause per line for (a), (b), and (c). BY: CAUSE (a) DUE TO, OR AS A CONSEQUEN	onary Occlusion		APPROXIMATE INT BETWEEN ONSET AN SUDDEN
CEPTIFICATION		GNIFICANT CONDITIONS C	DUE TO, OR AS A CONSEQUEN (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN	N PART 1 (a).	
A DE	196. DATE OF	OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20. AUTOPSY?
MEDICAL CERT	CONTRIBUTI	NG CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y EATH P.M. 19 21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	EAR	RRED (ENTER NATURE OF INJURY IN TIEM 18 PAR	
		fy that I taak charge	af the remains described above, held a l causes X, Accident ,	Suicide . Hamicide . TITLE (SPECIFY) M.D. Deputy	Undetermined manner	n my apinian DATE May 2, 1
2			lict Skitarelic, M		mberland, Md.	
	BURIAL CREMA	TION, REMOVAL 23	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	

2 51 3,1 real community and the community of the 7.8 the erant transfer of the control of Cli-C-001 re. and . der c c GOM 12 year raceta, themedie, h.u. we estand, d. . w . was a control of the control o

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 8
		CEASED NAME FRST	MIDDLE Wad		26 DATE OF DEATH MONTH DAY YE	
				ARNOLD	MAY 11,1980	10:
.eo.	3 SEX	Male	4 RACE White	March 14°, 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 MONTHS C	YEAR IF UNDER 24
Sed at on	7a. BH	OTHPLACE ISTATE OF FOREIGN PORTEY OF VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEAT Allegany	Н
50		UMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MEMORIAL HO	G HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINES STRY extile (
25	USUA 13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COU Alle	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW ESANY Cumberl	N 134 INSIDE CITY LIMITS?	13. SIREEI ADDRESS 419 Winmer St.	
011	I4 FA	THER'S NAME FIRST Obie W. A	mpole (AST	15. MOTHER'S MAIDEN NA FRIST ZON	me a M. Teets	LAST
the med		YAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECU		ADDRESS Arnold, Cumberland, M	d. Wife
18 shows any injury, or other traum	CERTIFICATION	Culey Culy	Disease Gorde J	Cardina W Center Spetis Mi DEATH BUT NOT RELATED TO THE TERM FEWER CHANGE BY OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FI	INDINGS USED USES OF DEATH
9 or Item	MEDICAL CE	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING CAUSE OF DE OF EITHER, NOTIFY MEDICAL EXAMINES 214. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PAR	et 2)
s marke	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN COUNTY	3170
tem 21	d	sow the deceased alive or above, (I) (we) (did) (and in	of view the body ofter death.	, and that in (my) (ever) apinion	death occurred on the date and haur and from	n the causes stat
100		22h SIGNATURE	enlery by		MEDICAL STAFF DIRECTOR PHYSICIAN	1116
Z		224 BUYEN TANKE MAKE		22e ADDRESS 1 Z Z	VIRGINIA AVE.	
MPORTANT.		DR. G. OVE	RTON HIMMELWRI	GHT CUMBERLA		



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS. EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING", IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE HINERAL	PAGE 4 SHOUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR TO BUNERAL DIRECTOR, PAGE 3 SHOUID BE USED AS A BIRRAL TRANSIT PRRMIT PAGES 1 AND 2 SHOUID BE FIRED WITH	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF ALTAL RECOIDS SOILW PICES BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISION OF VITAL RECO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDI	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYG BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

		FOR			DEPART	MENT OF		AND M		YGIEN	E3 0	1	1 -3	1	a
		REGISTRAR		MEI		EXAMIN			CATE	OF DEA	K	EG. NO.	1 0	1	7
		EASED NAME	FIRST		WIDDLE			LAST			OF EST		ONTH DAY		h. HOUR
	2. SEX	[4.8A	Mildre		May	6. AGE (IN YE		Barb			DEATH MAT		May 1219		8p _M
3	A SEA	1.84		DATE OF BIRTH	YEAR	LAST BIRTHD			IF UNDER	MIN.	2c. DATE PRONOUNCED	M	DNIH DAT	TEAR	2d. HOUR
用	100 mm	THPLACE ISTATE OF	hite I	March 2	1908	724	RS.				9. BALTIMORE	May	72 19		9pm
2	FO	est Virgi				UKI:	MARRI		VER MARR	IED L	, DALIMORE	_			
-		Y OR TOWN OF DE		I. NAME OF HOS		RSING HOME	WIDOW		DIVORO	9.7	JAL OCCUPATIO	N TTYPE OF V	Allegan	OF BUS	MD.
	100			(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			,,,,,,		NOST OF WORKING LI	IFE)	OR IN		-200
	USUA	L RESIDENCE (IF IN N		405 COT	E RESIDENCE		ON)				Laborer		Ru	bber	
5	13a. S1	-	13b. COUNTY			OR TOWN		13d. INSIDE (NO [EET ADDRESS	1.1. 0	4		
-	-	THER'S NAME	LAllega			berlar	(CL	15. MOTHE			5 Colum	DIS 3			
	17	George	A	AIDDLE	-	rver			IRST	stine	WIDDLE		Lou		
-		AS DECEASED EVE				IAL SECURIT	Y NO.	17 INFORA		ع لللان	AD	DRESS51	1 Shriv		TODAL C
	No	S, NO, OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	275	-20-53	198	Rott	tv Ja	no Re		Citi	mberlan		
		18 CAUSE OF DEA	TH (Enter only a	one couse per line			70	Det	uy ua	TE_De	LU.	744	APPR	AI STAMIKO	ITERVAL
		PART I DEATH	WAS CAUSED BY	Y:			CORO	NARY	OCCI	USIO	N			DDEA	
		410-			AS A CON	ISEQUENCE	OF								
		Conditions, if gove rise to		(b)			COR	ONARY	SCI	EROS	15		-		
		couse (a) statir lying couse las		DUE TO, OR	AS A CON	SEQUENCE	OF								
				(c)											
	NO	PART 2 OTNER SIGNIFICA	NT CONDITIONS <u>con</u>	TRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PA	iRT ₹ (α).					
-	CATI	190. DATE OF OPER	RATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20. AU1	OPSY?	
	TIFIC												YES		NO
	MEDICAL CERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR	21b. TIME OF HOUR A.M	MONTH	DAY YEAR		W INJURY	OCCURRE	D LENTER N	NATURE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	17	
	MEDIC	MHILE UNO	T WHILE	21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, E	(AT HOME,	21f. LOC	ATION			CITY OR TOWN		COUNTY		STATE
	A		WORK					P		-					
H				f the remains des			Autops		Inspectio		Inquiry 🔼,	ond in	my opinion		
		deoth resulted fro	m: Notural	couses 🔯,	Accident	L, Su	icide	Homic		Undete	ermined monner	<u> </u>			
		ACTUAL SIGNATURE	cedic	toffice	are	aie)	M.	Depu	recify)	MED	ICAL EXAMINER	[DATE 5-1	12-80)
d	16	EXAMINER'S NAMI	Bened	diet Skk	tarel	ic, M.	D.	ADDRESS	R#9	, Cumb	erland,	Maryl	and 2150	02	
2	230.BL	RIAL, CREMATION,				IAME OF CE					PCATION OR TOWN		COUNTY	STAT	
	(5)	Burial	Ma	ay 15.80	Su	nset M	lemor	ial Pa	ark M	o Carn	hard and	Alla	CONT. May	ומ רידי	nA.
	24. FL	NERAL DIRECTOR		ADDRESS		404 De	catu	3t	25e. DATE	MECID. BY	REGISTERN 251	REGULTAY	ARIS SIGNATUR	read	,
	Si	cox-Merr	itt Fund		vice.	Cumber	land	, Md		-				/	

3 (2) the state of the s . 1 9 1 Allegation and the Suddier Lite. It is a series of the series of the sale of t to constant and the relation of the contraction of

	PLEASE	RECTOR.	Sale S	を変わ	Seret.	1	-
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PUBLICAR	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FDF MAINTHEN	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH A STAND THE	after death, with the state department of health and mental hygiene, division of vital records, 301 where subsecting	8 0 3	
	Y DELAY IS	3 TO THE	AIN PAGE	D BE FILED	RDS, 301 V	0	-
MD. 21201	ATH. IF AN	1, 2, AND	PM 3. RET.	ID 2 SHOUL	VITAL RECC	1	1
ALTIMORE,	S AFTER DE	SIVE PAGES	TH FORM	AGES 1 AN	ISION OF		-
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	1 24 HOURS	ITEM 18. C	ALONG WI	PERMIT. P.	GIENE, DIV	ï	
W. PREST	TED WITHIN	PENCH IN	XAMINER	AL-TRANSIT	MENTAL HY	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
ECORDS, 30	D BE EXECU	ENDING" IN	MEDICAL E	AS A BUR	ALTH AND	EMATION, C	
OF VITAL RE	ATE SHOULD	WORD "PE	THE CHIEF	D BE USED	ENT OF HE	BURIAL, CRE	
DIVISION	S CERTIFICA	SITING THE	RDED TO 1	E 3 SHOUL	E DEPARTM	PRIOR TO	0
	MNER: THE	FICATE, WI	E FORWAR	TOR: PAG	THE STAT	AND, 21201	
•	CAL EXAM	THE CERTII	SHOULD B	RAL DIREC	ATH, WITH	RE, MARYLA	
	TO MEDIC	EXECUTE	PAGE 4	TO FUNE	AFTER DE	BALTIMOR	1

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		FOR STATE				ENT OF HE				0			5	2	U
		REGISTRAR		MED		XAMINER	R'S C	ERTIFIC	CATEO	FDEATH	REG. NO			7.0	193 M.
1		EASED NAME	FIRST		WIDDLE			LAST		20. DATE KN		MONTH	DAY	YEAR	2b. HOUR p
	(179)	CORPRINT)	MYRT	T.E.	EMMA			BOHR	ER	OF E	ATED	May	18	1980	9:30
	3. SEX		4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS		DER 1 YR.	IF UNDER			MONTH	DAY	YEAR	2d. HOUR
	7	-7-	Talka di da	MONTH DAY	YEAR		MONTH	S DAYS	HOURS	MIN. PRONOUNCE	-	7	ø	. do	
		RTHPLACE (ST	White	July 26	1887	92 YRS.				1 BALTIMOR	Ma		~	19 8C	10:00
5	FOR	REIGN COUNTRY)				/		ED NEV		IED 📙		-		LAIN	100
1		est Vi		U.S			/IDOWI		DIVORCE				AT	LEGAI	VY MD.
	10. CI	Y OR TOWN	OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE			R OTHE	ER INSTITUT	TION	12a. USUAL OCCUPAT		OF WORK	OR	ID OF BUS INDUSTR	Y Y
0	Cui	mberlar	nd Rt #6	AT Home						Housekee					
		L RESIDENCE (R OTHER INSTITUTION, GIVE				13d. INSIDE (I	TV I IMITCO	13e. STREET ADDRESS					
5		ryland	Alleg			perland	-	YES	NO.X	RFD #6- B	Box 7/	1.7			127
-		THER'S NAME			- O USII K	TOT LOUIS		15. MOTHE	R'S MAIDE	N NAME		TI			
^	,	FIRST		MIDDLE	LAS			FI	IRST	MIDDI		1. 7.		AST	
U	160 300	Char.	Les DEVER IN U.S. ARM	FD FORCESS		udy AL SECURITY NO		17. INFORM	Mary		ADDRESS			ohin	
1		S, NO, OR UNKNO					0.	II. II TEORA	MAIN	,	NUNKE33		**	Box :	
		No			-	None		Mrs.	Cleo	Llewellyn		Cum	berl	and,	Md
		18. CAUSE OF	F DEATH (Enter anly	y ane cause per line f	ar (a), (b), a	and (c).)								PROXIMATE TEN ONSET	INTERVAL AND DEATH
		PART I DE.	ATH WAS CAUSED	BY: E CAUSE (a)			CO	RONAR	Y OCC	LUSION				UDDE	
		410) wast	DUE TO, OR A	S A CONSE	EQUENCE OF			4 1 1						
			ns, if any, which					CODON	M DV 6	TOTTOOGTO					
			e ta immediate stating the under-	(b)	SACONSE	OUENCE OF		CUMUN	ani s	SCLEROSIS			-		
		lying cau		DOL 10, OK 1	TO A CONSE	EQUENCE OF									10.3
		BART O OTHER CO	INICIALITY CONDITIONS	(c)											
	2	PART Z DINER SIC	SMITICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	UI NOT RELATES	U TO THE TERMINAL	. DISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a).					
	IOI														
-	CA	19a. DATE OF	OPERATION	196. CONDITI	ON FOR WI	HICH OPERATION	ON W	AS PERFOR	MED?				20. A	UTOPSY?	100
1	TIF												Y	ES 🗌	NO 🔀
2	Ü		L CAUSE WAS	21b. TIME OF I HOUR A.M.			21c. HO	W INJURY	OCCURRE	D JENTER NATURE OF INJURY	IN ITEM 18 PA	ART 1 OR PA	RT 2)		
	AL	UNDERLYING CONTRIBUTIN	OR CAUSE OF D		MONIH L	DAY YEAR									
	~	21d. INJURY O		21e. PLACE OI		(AT HOME, 2		ATION							
	W	WHILE	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)	\$1	TREET		CITY OR TOWN		CO	UNTY		STATE
		AT WORK	AT WORK							(77)					
		22a. I certif	y that I taak charge	e af the remains descr	ribed abave	, held an	Autaps	у Ц,	Inspection	n 🔀 , Inquiry 🗵	, and	l in my op	noinion		- 10.7
		death resulte	d fram: Nature	al causes A,	Accident [, Suicide	e	Hamic	ide .	Undetermined mann	er,				- 144
			1	. , 00	-	. /		TITLE (SE	PECIFY)						- 14
		ACTUAL SIGNATURES	Benedi	et Ski	large	luc	AA	DEPU		MEDICAL EXAMIN	ED	DATE	D MA	Y 18	.1980
2		2					,,,,			- MEDICAL EXAMIN		SIGNE			
The same	100	EXAMINER'S I	NAME BENT	EDICT SKIT	ARELI	C M.D.		ADDRESS_	CIME	BERLAND MD					
-	_		TION, REMOVAL 23			ME OF CEMET				23d. LOCATION					
	(Sf	PECIFY)	-						2N 1	CITY OR TOWN	36.	COU		STA	
-	24 EI	Buria INERAL DIREC		May 21,19		on Ceme 404 Dec			760-DATE D	Largent	Magnet	SIL	West	All	ginia
		NAME		ADDRESS					MAY	PECIO. BIGRESTERAR	Host Bergille	- Albaro		7	
	Si	Icox-Me	erritt Fu	neral Ser	vice.	Cumperl	Dus	, Ma			1	3		/	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dearn. Page 4 may bital or attending physician.	after dearm.	Age 4 may
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	ne funeral d	irector, pag

	1-	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	1 1 3	2 1
		CEASED NAME FIRST	MIODLE		AST	20. DATE OF DEATH	ONTH DAY YEAR	10
r death	(,,,,,	CHARLES	HENRY	BONI	3	MAY 31		10:30F
ours after d	3. SE	•	4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	
hours after at once.		ale	White	Marc	h 10, 1915	65	YRS.	
Z	M.	RTHPLACE (STATE OR FOREIGN DUNTRY) arvland	76 CITIZEN OF WHAT COL	WIDOWI		P BALTIMORE CITY OR ALLEGANY	COUNTY,	N
led within	C	umberland	"SACKED"HE	ART HUSP		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Cust	WORKING LIFE) INDUST	
2 should be fill	13o. S	TATE 136 CC	1		134 INSIDE CITY LIMITS?	348 Bedf	ord Stre	et
shou	14. FA	THER'S NAME	MIDOLE (AST	15 MOTHER'S MAIDEN NA	ME MIDDLE		IAST
medical medical		Charles	A. Bo	nig	Anna	М.		hiller
the	0	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, Yes	GIVE WAR OR DATES)	05-8259	Romana Bon	ADDRES		
pers. oval.		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse per lustor lay.	, (b), and (c).)	. P P.		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
en sylved by the ottending professor of the other professor remove carbon part to burial, cremation, or remany injury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate couse lost, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A COL	astat NSEQUENCE OF	rodo-lu novelated to the term file sites	A MOLLA - FOSIC	Mg Ition given in part	1(0)
it permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
ial-transit permit lental Hygiene por Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
th and M marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use as of Heali		sow the deceased alive	spital) attended the deceased on	1986 0	7 L 19 8 Und that in (my) (our) opinion	deoth occurred on the dat	e and hour and from	_, that (1) (we) la the causes stated
should be detached with the State Dept.		224 PHYSICIAN STVAME (TV) J. N. MEHANNA	ro laun		DEGREE ATTENDING PHYSICIAN E 220 ADDRESS 909-B, SET ON	MEDICAL STAFF	AN 6-	TE SIGNED - 1-80
shc wit	(:	SURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
H-16 25M 15, 4) 1/79	24 FL	urail DEFAL DIRECTOR GHT FUNERAL H	June 3,80 DME,309 DECATU	21502	Memorial Pk 250 DAT 1B., MD.	E REC'D. BY REGISTRAR 2 N 5 1980	Sh. REGISTRAR'S SIGN	

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	ALLEGANY COUNTY,				
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1 88	87.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 BICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR THE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR NERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEFILED, WITHIN DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 301 W, PRESTO	AORE, MARYLAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL.

1	FOR					AARYLAND I AND MENTAL H	VCIENE			
1-	STATE REGISTRAR					CERTIFICATE O	C 1	200		3 2
	ECEASED NAME	FIRST	17112	MIDDLE	TVER 3	LAST		REG. NO.	MONTH D	AY YEAR
١	'PE OR PRINT)	James	Willi	am Boyla	nd.	Sr.	OF	ESTI- MATED	4-4-8	30 10
X	4.	RACE 5.	DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	5	5	AY YEAR
V	ale		Feb. 10,		YRS.	HS DAYS HOURS	MIN. PRONOUN DEAD		-4-80	19
I. E	IRTHPLACE (STAT	E OR 71	. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED THEVER MARRI	ED 7. BALTIM	ORE CITY OR	COUNTY	F DEATH
	Maryla		USA		WIDOW			egany		
10. C	ITY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO/ ACILITY, GIVE STREET ADDRESS	5)		12e USUAL OCCUI	KING LIFE)		OR INDUSTR
CL	mberland	IN NURSING HOME OF C		al Hospital		OA	Labore		- 1	<u>rextile</u>
				13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRE	SS	,	
	AXXXXANAX ATHER'S NAME	* Atten	RRY	Ridgeay		15. MOTHER'S MAIDE		Box	4	
	FIRST	H	AIDDLE	Boyland		Bernade	M	IDDLE	Lippo	LAST
16a.	WAS DECEASED E	VER IN U.S. ARME	D FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	000	ADDRESS	Tappe)AU
(NO NO. OR UNKNOW!	(IF YES, GIVE WA	K OR DATES	214-07-27	783	Lillian E	Boyland	same	as abo	ove
	18. CAUSE OF I	DEATH (Enter only of TH WAS CAUSED B	ine cause per line	e far (a), (b), and (c).)					T	APPROXIMATE BETWEEN ONSET
	PARTIDEA	IMMEDIATE	CAUSE (a)		nary	Occlusion				NAX Sudden
	410	if any, which	DUE TO, OR	R AS A CONSEQUENCE	E OF					
	gave rise	ta immediate	(b)		onary	Sclerosi	5			===
	lying cause		DUE TO, OK	R AS A CONSEQUENCE	: OF					
	PART 2 DTHER SIGN	FICANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN PAI	RT 1 (e);			
NO										
CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?			2	D. AUTOPSY?
RTIF	21g EXTERNAL	CALISENAVAS	216. TIME O	E INTHIDY	100 11					YES 🗆
	UNDERLYING	OR	HOUR A.A	A. MONTH DAY YE	AR ZIC. HO	OW INJURY OCCURRE	(ENTER NATURE OF IN.	URY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	21d. INJURY OC	CURRED		A. 19 OF INJURY (AT HOME,	21f. LC	CATION				
ME	WHILE AT WORK		STREET, FAC	TORY, FARM, ETC.]	5	STREET	CITY OR TO	WN	COUNTY	
			of the remains de-	scribed abave, held an	Autap	sy 🔏 , Inspection	X, Inquiry	X and i	n my apinia	
	death resulted		causes ,		Suicide		Undetermined mo		п шу арша	10
		0	111	1-	1	TITLE (SPECIFY)	3			
	ACTUAL SIGNATUR	Remede	cts	kitarele	el N	D.Deputy	MEDICAL EXAM	INER	DATE SIGNED_	5-4-80
	EXAMINER'S NA	AMED				P#0 0	umberland		and 2	1502
				relic, M.D		ADDRESS		, margi	, and z	
23o. E	SPECIFY]	DN,REMOVAL 23b.		23c. NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	ST
	Buria:	OR .	/7/80			atholic 250. DATE F	Near Cum	Derland	RAR'S SIGN	RIURE
J	ohn J. H	afer, Jr.	ADDRESS I.a.Va 1	e, Md. 215	102	MAY		Pil	-1	0
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	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	0	2 3
44		CEASED NAME CORPRINT)	EMST CHARLE		M.		RANT Jr.	MAY 2,	1980		26. HOUR 10:05
M). SE	x MALE	4 R	WHITE	C	5 DATE C	PT. 27 1917	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
13	P	IRTHPLACE (STATE OR FO. OUNTRY) ENNA . ITY OR TOWN OF DEA!		USA	WHAT COUNTRY?	WIDOWE	DELENEVER MARRIED DIO DIVORCED DIO DIVORCED DIO DI DIVORCED DI	A T.T.F.CA.N.Y. 12. USUAL OCCUPAT			A BUSINESS C
50	CL	JMBERLAND		ME MO9	R'T'AL M'HO	SP'I'T		(TYPE OF WORK FOR MOST OF B&O RAILRO	F WORKING LIFE)	INDUSTRY	BOSINESS
35)3a.:	MARYLAND	A LLEGA		I34. CITY OR TOW		YES NO A	134 STREET ADDRESS 414 GEORGE	s creek	BLVD	
010	14. F/	CHARLES	M. MIDD	LE	BRANT S	R.	IS MOTHER'S MAIDEN NAV	MIDDLE		DEGAÑ	
)6a \	WAS DECEASED EVER I	U.S. ARMED	FORCES?	220-10-		HAZEL M. BRAN	ADDR NT 414 GEOR			D. LAV
	3	Conditions, if ony, gave rise to imm cause (a), stoting underlying cause	g the	(b)	R AS A CONSEOU						
A contract of the contract of	CATION	gave rise to imm cause (a), stating underlying cause	lost (IFICANT CON	(b) DUE TO, OR (c)	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	706. IF YES, V	WERE FINDIN	GS USED
2	AL CERTIFICATION	gave rise to imm cause (a), stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING CAUSE	inediate g the last IFICANT CON ION ERLYING AUSE OF DEATH	DUE TO, OR (c) IDITIONS CC 19b CONDI 21b. TIME OI HOUR A.F	R AS A CONSEQUENTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF YES, Y IN CERTIFY! YES	WERE FINDIN NG CAUSES (GS USED
2	MEDICAL CERTIFICATION	gave rise to imm cause io, stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDI	edipte g the lost UFFICANT CON NON ERLYING AUSE OF DEATH ALL EXAMINER)	DUE TO, OF (c) IDITIONS CC IPP. CONDI 21b. TIME OI HOUR A.P. 21a PLACE (R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY	DEATH BUT OPERATIO AY YEAR	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFYI YES RY IN ITEM 18, PAR	WERE FINDIN NG CAUSES (GS USED OF DEATH?
2		gave rise to imm cause (a), stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING CIFEITHER, NOTIFY MEDICA 21d INJURY OCCURR	IFICANT CON WIFICANT CON WIF	DUE TO, OF (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, e deceased from	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 and that in (my) (aur) apinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20% IF YES, IN CERTIFY! YES WYN WYN 15	WERE FINDIN NG CAUSES (T I OR PART 2) COUNTY	GS USED OF DEATH? NO STATE that (I) (we) I
2		gave rise to imm cause (a), stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING CIP EITHER, NOTHER MEDICA 21d INJURY OCCURR WHILE NOTHER AT WORK NOTHER AT WORK NOTHER AT WORK 22a Leertify that (I) (1) saw the deceose above, (I) (we) (d) 22b. SIGNATURE	INFICANT CON IN	DUE TO, OF (c) (d) (d) (e) (DITIONS CC 19b. CONDI 21b. TIME OI HOUR A.P. P.A. 21d PLACE ((AT HOME, STR attended the whe wody.	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, e deceased from	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION 211 LOCATION STREET and that in (my) (aur) apinion of the physician (DEGREE) ATTENDING PHYSICIAN (DECREE)	YES NO NO NEED (ENTER NATURE OF INJUDED) CITY OR TO NEED (A COURTED ON the death accurred on the death accurr	TOB IF YES, IN CERTIFYI YES RY IN ITEM 18, PAR WN ote and hour of	WERE FINDING CAUSES (GS USED OF DEATH? NO STATE that (I) (we) I
2		gave rise to imm cause ion, stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER, NOT WHAT WORK NAT WORK 27a Certify that (I) (say the decose above, (I) (we) (i)	INFICANT CON IN	DUE TO, OF (c) (d) (d) (e) (DITIONS CC 19b. CONDI 21b. TIME OI HOUR A.P. P.A. 21d PLACE ((AT HOME, STR attended the attended the white wody.	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, e deceased from	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION STREET ATTENDING PHYSICIAN [1226 ADDRESS MEMOR	YES NO NO NEED (ENTER NATURE OF INJUDED) CITY OR TO NEED (A COURTED ON the death accurred on the death accurr	IN CERTIFY! YES WN TO te and hour of the control o	COUNTY	GS USED OF DEATH? NO STATE that (I) (we) I
2	WEDICAL	gave rise to imm cause (a), stofing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDION OR CONTRIBUTING CIFETHER, NOTHER MEDICA 21d INJURY OCCURR WHILE NOTH AT WORK NOTH AT WORK AT W	INFICANT CON IN	DUE TO, OF (c) (d) (d) (e) (DITIONS CC 19b. CONDI 21b. TIME OI HOUR A.P. P.A. 21d PLACE ((AT HOME, STR attended the attended the white wody.	PRASA CONSEQUENTING TO TION FOR WHICH FINJURY M. MONTH D. D. FINJURY BET, FACTORY, OFFICE, a deceased from 19 deceased from 1	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION STREET ATTENDING PHYSICIAN [1226 ADDRESS MEMOR	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU- CITY OR TO CITY OR TO DIRECTOR PHYSIC RIAL HOSP ERLAND, MI 23d LOCATION RIAL LAVALE	IN CERTIFY! YES WN TO te and hour of the control o	WERE FINDIN NG CAUSES (TI OR PART 2) COUNTY And from the county of th	GS USED OF DEATH? NO STATE that (I) (we) I causes stoted SIGNED

10:01	MAY 2, 1980	BRAMT IT.	.H -2329	VHO THE TAXABLE IN
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		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1132
34		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MON	
	2.053	Emma	L I4 RACE	Brant	May 23, 198	
	3 SE)	Female	White	DATE OF BIRTH	75	MONTHS DAYS HOURS MIN
35		RTHPLACE (STATE ORFOREIGN DUNTRY) Frostburg	76 CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	B Allege	OUNTY OF DEATH
51		Frostburg	Frostburg Com	munity Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
35			ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW 1egany Frostbu		13. STREET ADDRESS 202 W. Mecha	anic St., Frostbu
010	14 FA	THER'S NAME Walter	MIDDLE LAST Eichh	orn Nellie	WIDDIE	Tharp
	I lia V (Y	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 213-22		ghes, Frost	tburg, MD
		Conditions, il ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU	feller The	est farl	<u>`</u>
	ICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	feller The	20a AUTOPSY? 20	ON IF YES, WERE FINDINGS USED
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20	IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSEQUE (c) 19b, CONDITIONS CONTRIBUTING TO 19b, CONDITION FOR WHICH 21b, TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19	20a AUTOPSY? YES NO	IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	MEDICAL CERTIFICATION	Conditions, il ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ATH HOUR A.M. MONTH D	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	20a AUTOPSY? YES NO	IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Parameter of April And Second 29		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, IN JURY OCCURED AT WORK NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE TO, OR AS A CO	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET OPERATION OPERATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJURY IN CITY OR TOWN death accurred on the date.	ON. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19, that (I) (we) and hour and from the causes stated
Parameter of April And Second 29		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE. (19 EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK 22a. I certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no above, (1) (we) (did) (did notation)	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, intol) attended the deceased from DI) view the body offer death.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET OPERATION OPERATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO	ON. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19, that (I) (we) 22c. DATE SIGNED
Parameter of April And Second 29	MEDICAL	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (19 EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER TO SOW THE OFFICE OF THE NOTIFY MEDICAL EXAMINER TO SOW THE OFFI MEDICAL EXAMINER NOTIFY	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH (a) 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21r. PLACE OF INJURY (At HOME, STREET, FACTORY, OFFICE, (a) (b) OR PRINT)	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 . ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22R ADDRESS 48 Tarn	200 AUTOPSY? YES NOT NOT CITY OR TOWN The death accurred on the date. APPLICAL STAFF DIRECTOR PHYSICIAN Terrace, Fros	ON. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) I and hour and Irom the causes stated 22c. DATE SIGNED
Programmes a Markin Aire smoots of 199	WEDICAL A 239 B	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER NOTIFY NO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21r. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) view the body offer death. OR PRINT) P. M. 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) view the body offer death.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 222 ADDRESS	280 AUTOPSY? YES NOT NOT RRED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of Industrial Physician Terrace, Fros 23d LOCATION CITY OR TOWN	Oh. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 , that (I) (we) and hour and Irom the causes stated

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Www J. Dee. M.D. 48 Tarm Terrace, ProstMarn, WS

Burial May 25,1980 Prostburg emerial v. Frestburg, M. Luret Pures Home, Prestburg, M. 21532

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FOR STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) executed within 24 hours after death. Page

DEPARTM	LENT OF HE	OF MARYL ALTH AND CATE OF	MENTAL HYG	IENE 3	() REG. N	10.	1	3	2	3
rd Byrne	_	B.		20. DATE (14/82	MONTH	DAY	YEAR	26. HOL	a,
	S. DATE O	F BIRTH		6 AGE (IN	YEARS LAST BIR	THDAY)	_	R 1 YEAR	IF UNDER	-
	Octob	par 9.	1907	,	72	YRS.	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	8	_	MARRIED [9 BALTIM	ORE CITY	OR COUNT	Y OF DE	ATH		
	WIDOWE		NORCED [Alle	gany	Co.				M
SPITAL, NURSIN		A			L OCCUPAT			KIND O	FBUSIN	ESS O
and Nu	15119	Cen	ten	n _e t	ired			K-S	Tire	e Cu
IVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e. STREE	T ADDRESS					
La Vale		YES 📆	NO 🗌	511	Marvl	and S	t.			
LAST		15. MOTHER	'S MAIDEN NA	ME	MIDDLE			LAS	т	
			Rose The	eress	Cunni	ngham				
	DITYLLIO	17 BIFOR14	ALIT		ADDE	15.54				

	3. SEX		4. RACE	5. DATE C		AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
		M	W	0	ber 9, 1907	72	YRS.
ı,		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	CHNTRY? 8		9 BALTIMORE CITY OR	COUNTY OF DEATH
Н		ryland	USA	WIDOWE	D NEVER MARRIED DIVORCED	Allegany Co	Mp.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITA			12a USUAL OCCUPATION	N 12b. KIND OF BUSINESS OR
	0	1 2 2	VIF NOT IN SUCH FACILITY,		Cont	(TYPE OF WORK FOR MOST OF V	
4		mberland AL RESIDENCE (IF NURSING HOME OF	Cumberlano	1	Centen	retired	K-S Tire Co.
	13a. S			ORTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
2	Ma	ryland Alle	egany La	Vale	YES 🔀 NO 🗌	511 Marylar	nd St.
1	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST	ME	LAST
0		Tomothy Danie				eress Cunning	zh am
+		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRES	3
1	(YI	ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	07 0731	Ino C Domn	og aborro	
ŀ					Ina S. Byrne	as au ve	APPROXIMATE INTERVAL
-		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one cause per line for (D BY:	a), (b), and (c).)			BETWEEN ONSET AND DEATH
1		IMMEDIA	re CAUSE (a)	007			
1		436-	DUE TO, OR AS A C	ONSEQUENCE OF			
Н		Conditions, if any, which	(b)				
1		gave rise to immediate cause (a), stating the		ONE CONTRACT OF			
4		underlying cause last.	DUE TO, OR AS A C	ON SEQUENCE OF			
1		PART 2. OTHER SIGNIFICANT	(c)	TING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF CONDI	TION GIVEN IN PART 1(a)
М	Z	PART 2. OTHER SIGNIFICANT	Leun		THO I KEEPIED TO THE TEXAS	THE DISEASE ON COME	
4	CERTIFICATION	19a DATE OF OPERATION			N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED
5	5	190. DATE OF OFERATION	178. CONDITION				IN CERTIFYING CAUSES OF DEATH? YES NO NO
-	ET				121c HOW INJURY OCCUR	YES NO	
3		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LICITO A AA AAC	NTH DAY YEAR	TIC HOW INJURY OCCUR	KED (ENTER NATURE OF INJURY	IN HEM 18, PART OR PART 2)
	A	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACIO	JRT, OFFICE, PARM, ETC.)	1 12	1.	
1			ital) attended the deceas	sed from	5/00 19	10 5/13	19 75, that (I). (we) lost
		22a 1 cartifu that (1) (this hash					
1		22a.1 certify that (1) (this hasp saw the deceased alive or	1/12	12 /	nd that in (my) (our) opinion		e and hour and from the causes stated
1		sow the deceased alive or above, (1) (we) (did) (did no	5/13	198,0			e and hour and from the couses stated
		sow the deceased alive or	5/13	198,0	DEGREE	death occurred on the date	e and hour and fram the couses stated 22c. DATE SIGNED
		sow the deceased alive or above, (1) (we) (did) (did no	5/13	198,0	DEGREE ATTENDING PHYSICIAN	death occurred on the date	e and hour and from the causes stated 22c. DATE SIGNED
		sow the deceased alive or above, (1) (we) (did) (did no	pt) view the Bady after de	198,0	DEGREE ATTENDING.	death occurred on the date	e and hour and from the causes stated 22c. DATE SIGNED
		saw the deceased alive or abave, (1) (we) (did) (did ns 27b. SIGNATURE	pt) view the Bady after de	198,0	DEGREE ATTENDING PHYSICIAN	death occurred on the date	e and hour and from the causes stated 22c. DATE SIGNED
	23a. B	saw the deceased alive or abave, (1) (we) (did) (did ns 27b. SIGNATURE	on) view the bady after de	19 Km, o	DEGREE ATTENDING PHYSICIAN	death occurred on the date	e and hour and from the causes stated 22c. DATE SIGNED

DHMH - 16 25M

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the medical examiner must be

John J. Hafer, Jr. La Vale, Md (VR A 15 (4)) 9/74

William Berns

44Ne

Sunset Mem. Gardens Allegany Co. 1256. DATE REC'D. BY REGISTRANDIA REG 1980

	1.	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. NO		1 3	2 6
(1)		CEASED NAME OR PRINT)	FIRST	ED	AIDDLE ITH		CARNEY		HTMOM	1980	7:45A M
s s	3 SE	Female		1 RACE Wh	ite	S. DATE O	OAY YEAR	6. AGE (IN YEARS LAST BIRTH	1DAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
death. Parameter directly of 72 hours	C	RTHPLACE (STATE O DUNTRY) Marul	and		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF ALLEGA			MD
by the fu		ty or town of c Cumberlan	d,	(IF NOT IN SUI	CRED HEAR	T HOSI	PITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUS ENLISE			Home
filled in outd be filled	13a. S	aryland	JISSING HOME OF 13h COUN ALLE	VITY	GIVE RESIDENCE BEFORE 1136. CITY OR TOW Cumberl	and,	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	St.		
xecuted with a completely and 2 shou		John		MIDDLE M.	Gellne		15 MOTHER'S MAIDEN NAV FIRST Anna	MIODLE		Mil	ler
ificate be exe ystoian and copers. Pages 1 oval.	(VAS DECEASED EVI (ES, NO OR UNKNOWN)		MED FORCES? EWAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Miss Eileen	o. Carney,		reene S	1502 t. Cumb.
e law requires that the death cert s been signed by the attending ph ii. Then please remove carbon pa prior to burial, cremation, or remws any injury, or other traumatic	TION		mmediate ting the use last	DUE TO, C		ENCE OF	NOT RELATED TO THE TERM				
an. icate ha sit perm ygiene 18 sho	CERTIFICATION	198 DATE OF OPER				OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDING CAUSES	
DING PHYSICI, trending physici, After this certifi s the burial-trans the and Mental H marked or Item	MEDICAL CI	OR CONTRIBUTING [(IF EITHER, NOTIFY MEI 216. INJURY OCCU	CAUSE OF DEA	HOUR A		AY YEAR 19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'n	COUNTY	STATE
ALOR ATTEN he hospital or a LORECTOR: ached for use a e Dept. of Heal		27a.1 certify that sow the dece obove, (1) (we 27b. SIGNATURE	osed alive on		V7 10	80.	DEGREE ATTENDING PHYSICIAN F	death occurred on the do	te and hou		
TO HOSPITAL OR A retained by the hospitor TO FUNERAL DIRE should be detached for with the State Dept.		224 PHYSICIAN'S	2, 8	P 190) -		BMG, 912 SET	ON DRIVE, CU		_AND, MI	olof . !
BP	(BURIAL, CREMATION BUVIA	e	5/20/	80 SS	. Pet	enetery or crematory er & Paul Cem.				
DHMH-16 25M (VRA 15, 4) 1/79	74 F	JNERAL DIRECTOR	H. Wa GE'S	yne Geo		02 GRI ERLANI	ENE SIREE AND	rec'd. by registrar 1221980	751. PETGIST	RAR'S SIGNAT	URE

STATE OF MARYLAND

OHER CALLS COMMON AND

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S G, TES SETO DRIVE, CUMBERLAT , NE. 21502

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TO FUNERAL DIRECTOR: After this ceruficate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at or

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	0.	1 3	2	1
	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOU	R
(TIPE	JOHN	RICHAR	D CLA	RK	MAY 13.	1980		4:40) PM
3. SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER	
	Male	White	Dec		60	YRS	INTHS DAYS	HOURS	MIN
	RTHPLACE (STATE OF FOREIGN	TE CITIZEN OF WHAT C	OUNTRY?	D. KNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH		
	W. Va.	U. S. A	• WIDOWE		ALLEGANY	COUNTY	1,		MD.
	ity or town of DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, SACRED HEA	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK		IZE KIND O INDUSTRY CONS		
13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136, COUN ML).	TY 113c CIT	pence before admission) y, OR TOWN ageley,	134 INSIDE CITY LIMITS?	13. STREET ADDRESS. 7 Marti	n St.			
14 F#	Bernard	APPLE C	lark	15. MOTHER'S MAIDEN NAM			Still	ckzy	
	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	-14-5034	Mrs. Effic A.	Clark = 7	ss (lartin	St. R	2675 idgel	is ey,
Z	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVEN	N IN PART 1	01	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEAT	H?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJUR HOUR A.M. MO	Y ONTH DAY YEAR	2)c HOW INJURY OCCURR	YES NOW	YES		№ [_
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TO	VN	COUNTY	ST	ATE
	220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF Victor E. Ma) view the body ofter de	0.	BMG-912 SETO	MEDICAL STA	FF	221. DATE 5-/	SIGNED	
	BURIAL, CREMATION, REMOVAL BURIAL	5/16/80		EMETERY OR CREMATORY Memorial Park	Cumberla	nd. All	eganu	Mari	llanc

DHMH-16 25M (VRA 15, 4) 1/79

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

GEORGE FUNERAL HOME

H. Wayne George ADDRESS 202 GREENE ST. CUMBERLAND, MD.

21502

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	ALLEGARY COUNTY			
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2 100 00	- Care	s do me	· Bees	
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a medicina for devices and the following continue to be full Vic

DHMH-16 25M (VRA 15, 4) 1/79

2	1 -	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	0 0	. NO.	! 3	28
		EASED NAME FIRST OF PRINT)	ind 6	Inderen	16	clomy	26 DATE OF DEATH	MONTH 5	DAY YEAR	3:46 5:46
3	SEX		1 RACE		S. DATE (6. AGE IN YEARS LAST	SIRTHOAY)	# UNDER I YEAR	
	M	ale	White		Feb	13. 1919	61	YRS.	MONTHS DATS	HOURS MIN
7	e. BIR	THPLACE (STATE OR FOREIGN UNITY)	76. CITIZEN OF	WHAT COUNTRY?	\$	DE NEVER MARRIED	9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
35	_	rvland	USA		WIDOW		A	LLEGANY	Y COUNT	Y, MI
5		yortownofdeath mberland	(IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET CRED HEAR	ADDRESS)	PITAL	120. USUAL OCCUP ITYPE OF WORK FOR MO Ret.			
J	JSU A 3u S	L RESIDENCE (IF NURSING HOME TATE 136 CO	UNTY	13c. CITY OR TOW	N		13. STREET ADDRES			
20	_		legany	Cumber	Land	YES NO	643 Col	umbia	Ave.	
11	4. FA	Robert	WIDDLE	Color	ny	15. MOTHER'S MAIDEN NAME FIRST Claribel	MIDOLI		Cos	
1		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
11			.W. II	217-10-	-1262	Thelma Col	omy. Cun	berla	nd. Mo	1. 2150
9	CERTIFICATION	gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20h. IF YE IN CERTI	S, WERE FINDS	INGS USED S OF DEATH?
1	E			55 04 00 00 00		The House beauty and the	YES NO	-	ES 🗌	NO 🗌
10		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED HHEE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
March and Control of the Control of		22a. I certify that (I) (this ho sow the deceased alive above. (I) (we) (did) (did) THE STATE OF THE STATE STATE STATE STATE THE PRESENTANTS NAME (TYPE)	an NAA not) view the bod	4 22 19		DEGREE ATTENDING PHYSICIAN 22e ADDRESS		TAFF _		that (I) (we) lo e couses stated E SIGNED
2	30. B	JRIAL, CREMATION, REMOV	AL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	May 2	9.80 H	ille	rest Burial		erland		egany.N
5M 1/79		NERAL DIRECTOR NAME IGHT FUNERAL	30	9 DECATUR	STRE	ET 250. DATE	REC'D. BY REGISTR	AD 2CL DECIS		TURE

Md.

STATE OF MARYLAND

ALLEGANY COUNTY, JATINSON TEASH CORRED 209 DEGALM STAFFET WARE LAND, NO. 21502

	1 DE	CEASED NAME FIRST RICHAR	D TASKER	COOK Sr.		980	2b. HO
	3. SE	x Male	White	S. DATE OF BIRTH Sept. 3, 01915 YEAR	6 AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER I	
33	T (IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY O		Н
25.2		ity or town of death Cumberland	SACRED HEART H	NG HOME OR OTHER INSTITUTION	12st USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Superinter	F WORKING LIFE) INDUS	nd OF BUSIN TRY ns truc
<u>i</u> 35			on other institution, give residence before NTY 134 CITY OR TOVE Cumber.	100. 11.0.0.0.0.0.1	134. STREET ADDRESS 550 Fa.	irmont Ave	•
ex 1/	14. F	ather's name First John S. C	ook, Sr.	15 MOTHER'S MAIDEN NA	Anna Niesy		LAST
t, the me	16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI YES WE	rmed forces? 166 SOCIAL SEC ve war or dates) 214-07-		ADDRE E. Cook, Cur	mberland.	Md.Wif
natic even			only one couse per line fortion, (b), d ED BY: ATE CAUSE (o)	elia.		OS TY	PHOXIMATE INTI VEEN ONSET AN
er trau		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ioma //he pa	increas		0
rinjury, or othe	Z	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	JENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONF	DITION GIVEN IN PAI	RT 1(o)
shows any	TIFICATION	cause (a), stating the underlying cause last	(c)CONDITIONS CONTRIBUTING TO		28a AUTOPSY?	DITION GIVEN IN PAI	NDINGS USE
vs any	CAL CERTIFICATION	cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED [21c HOW INJURY OCCUR	200 AUTOPSY?	20% IF YES, WERE FI IN CERTIFYING CAL YES [NDINGS USE USES OF DEA NO [
shows any	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION	200 AUTOPSY?	20h IF YES, WERE FI IN CERTIFYING CAL YES YES YIN ITEM 18, PART 1 OR PAR	NDINGS USE USES OF DEA NO [T2)
If Item 21 is marked or Item 18 shows any		PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that It was not a power. It is well as a power in the power as a power. It is well as a power in the power	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, bital) attended the diceased from.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET Ond that in (my) (owe opinion DEGREE ATTENDING PHYSICIAN)	280 AUTOPSY? YES NO NORTON CITY OR TOW deoth occurred on the do	20h IF YES, WERE FINCERTIFYING CALL YES YES YES YOUNG TO COUNT 19 226. E	NDINGS USES OF DEA NO [
shows any		PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (# ETHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) While hosp	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 21d. View the body offer death.)	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET 19 DEGREE ALTENDING	200 AUTOPSY? YES NO PARTOR OF INJUR CITY OR TOW deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20h IF YES, WERE FI IN CERTIFYING CAL YES IY IN ITEM IS, PART 1 OR PAR YES TO UNITEM IS, PART 1 OR PART TO UNITEM IS, PART	ndings usings of deal no

STATE OF MARYLAND

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		OC VINCTRIA AVE. UNGERLAND, 10. 115	3 3 3	SUPRELLI FUREAL H

STATE OF MARYLAND

JIMIL OF MARILAND	
PARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	0

- STATE REGISTRAR			DEPART		FICATE OF DEATH	REG. NO.	1 0	3 0
I. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	AND	REW	J.	CRAE	BTREE	MAY 10, 1980	0	8:00Am
3 SEX		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Male		Whi	te	Dec	E. 19, 1891	88 yrs	MONTHS DAYS	HOURS MIN
Maryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY OR COUNTY Allegan		MD.
CUMBERLA		11. NAME OF	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION MEMORIAL	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	12h KIND (INDUSTRY	of BUSINESS OR
USUAL RESIDENCE (# NI 130 STATE Md .	136 COL	nother institution inty	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber1	N	13d. INSIDE CITY LIMITS? YES NO 🖺	Route 4, Box	313	
14 FATHER'S NAME	Micha	el 0. Cr	abtree		IS MOTHER'S MAIDEN NAME FIRST Edna	J. Twigg	LA	ST
160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	236-14-7		Mrs. Wanda	ADDRESS Miller , Rt.4,	Daughter	
PART I. DEATH 410 - Conditions, if or	IMMEDIA	ATE CAUSE (a)	DASA CONISSOUS	ys	tole myoce	ndial inf	BETWEEN	(MATE INTERVAL ONSET AND DEATH
cause (a), sta		DUE TO, O	R AS A CONSEQUE	ENCE OF				

ASCUD

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Hou

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES	NO [
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART ± OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n COUNTY	STATE
22a 1 certify that (I) (this hospital)	ottended the deceased from 4/	10 50	/	19 80	, that (I) (we)

and that in (my/(our) apinion death occurred on the date and hour and from the causes stated abave, (I) we)((did) (glid not) view the bady ofter death DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

DR. THADDEUS H. FIDER

May 13,1980

MEMORIAL MEDICAL 22e ADDRESS BUILDING CUMBERLAND, MD. 21502

		, ,			
23a. BU	IRIAL, CREM	ATION, REM	OVAL 236	DATE	
(SP	ECIFY) TO	F - 2	3	4 29	7000

23c NAME OF CEMETERY OR CREMATORY Twigg Cemtery

23d. LOCATION CITY OF TOWN Oldtown

STATE

24 FUNERAL DIRECTOR DHMH-16 25M

CERTIFICATION

TO FUNERAL DIRECTOR: After this certificate has

should be detached for use as the with the State Dept. of Health MPORTANT: If Item 21

(VRA 15, 4) 1/79

NAME James F. Scarpelli, Cumberland, Md.

Allegany Md

A00:3	MAY 10, 1980	93913	and in S		
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-11/64	var-s(I)	JAIRONEM		GMA.	CUMBER
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		Acres and			

THE LAST SEPTEMBER CORT CLIMA NO. 21502

DR. THADDEUS H. FLDER

	SEA.	-	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dead. Page In metained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directural should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours at with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND		ST.	ATE	OF	MARYL	AND
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REG. N	Ο.				

I DE	REGISTRAR			FICATE OF DEATH	REG. NO		J	0 1
	CEASED NAME FIRST	AIC	DOLE	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	LAURA	REBECCA	A DAVIDSO	N	MAY 22, 1	980		1:30
3 SE	x	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 H
F	emale	White	Jun		61	YRS.	ONTHS DAYS	HOURS M
7a BI	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF W	HAT COUNTRY? 1		1 BALTIMORE CITY O		F DEATH	
-	OUNTRY)	, IICA	MARRIE	ED NEVER MARRIED	ALLEGANY (COLINITY		
	Penna.	USA 11. NAME OF HO	SPITAL, NURSING HOME		120 USUAL OCCUPATI		12h KIND C	OF BUSINESS
		(IF NOT IN SUCH !	ACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST O		INDUSTRY	
LIST	umberland		HEART HOSPITA		Housewif	e	Own	home
130. 5	AL RESIDENCE HE NURSING HOME C STATE 136 COU				13R STREET ADDRESS			
-		egany	Cumberland	YES NO		30x 35	1	
14. F.A	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME		lA.	51
	Harry	W.	Shaffer	Lola	Z.			Barner
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 1	SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS		
	NO.		13-22-4204	Charles W.	Davidsor	Cum	berla	and M
	underlying cause last.	(c)					1	
IFICATION	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO DEATH BUT		20a AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
ERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDI	NGS USED
ICAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	196 CONDITI	ON FOR WHICH OPERATION INJURY MONTH DAY YEAR	IN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216, TIME OF HOUR A.M. P. M.	ON FOR WHICH OPERATION INJURY MONTH DAY YEAR	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	WERE FINDI	NGS USED S OF DEATH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHLY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	21b. TIME OF HOUR A.M. 21c. PLACE Of (AT HOME, STREE	ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 19 FINJURY 1, FACTORY, OFFICE, FARM, ETC.) deceased from 19	216 HOW INJURY OCCURS	700 AUTOPSY? YES NO CONTROL NATURE OF INJUING TOWN CITY OR TOWN	20b IF YES, IN CERTIFYI YES RY IN ITEM 18, PAR	COUNTY	NGS USED 5 OF DEATH? NO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hasp sow the decased alive a above, (I) (we) (did) (glid in 22b. SIGNATURE	21b. TIME OF HOUR A.M. 21b. PLACE OF (AT HOME, STREE DITO) attended the not wise with body of the control of th	ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 19 FINJURY 1, FACTORY, OFFICE, FARM, ETC.) deceased from 19	216 HOW INJURY OCCURS 211 LOCATION STREET , 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO CONTROL NATURE OF INJUING TOWN CITY OR TOWN	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18. PAR	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED SOF DEATH? NO STATE that (I) (we) couses stated
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WEDICAL MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hasp sow the deceased alive a obave, (I) (we) (did) (slid in 27b. SIGNATURE 27d. PHYSICIAN'S NAME TYPE GARY L. WAGON BURIAL, CREMATION, REMOVA	21b. TIME OF HOUR A.M. 21b. TIME OF HOUR A.M. 21c PLACE OF (AT HOME, STREE OF THE NORM) 21c PLACE OF (AT HOME, STREE OF THE NORM) 21c PLACE OF (AT HOME, STREE OF THE NORM) 21c PLACE OF (AT HOME, STREE OF THE NORM) 21c PLACE OF THE NORM OF T	ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 19 FINJURY 1, FACTORY, OFFICE, FARM, ETC.) deceased from ter death.	216 HOW INJURY OCCURE 211 LOCATION THE CONTROL THE CON	ZOO AUTOPSY? YES NO CITY OR TOV CITY OR TOV MEDICAL STAI DIRECTOR PHYSIC ALSH DRIVE. 234 LOCATION CITY OR TOWN	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18. PAR TO Date and hour of the condition of the co	COUNTY COUNTY	NGS USED S OF DEATH? NO state that (I) (we) couses state SIGNED STATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician. TO FUNETAL DIRECTOR: After this certificate should be detached for use as the burial-transit powith the State Dept. of Health and Mental Hygie IMPORTANT: If Item 21 is marked or Item 18	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per Tetained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funesh direction is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 fluid unit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BP	DIVISION OF VI	TO HOSPITAL OR ATTENDING PHYSICIA retained by the hospital or attending physicia	TO FUNERAL DIRECTOR: After this certificational declaration should be detached for use as the burial-transwith the State Dept. of Health and Mental Hi	IMPORTANT: If Item 21 is marked or Item
		BP		_

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

							REG. N	O				
I. DE	CEASED NAME FIRST	M	IDDIE	,	AST	2e. DATE O	F DEATH	HTHOM	DAY	YEAR	2b. HOL	UR
(110)	LAVADA	FI TZAR	ETH RUTH	DAV	TS	MAY	23.	1980			I:20	٦Δ
3 SE		4 RACE	EIII KOIII			AGE (IN)				RIYEAR	IF UNDE	
3 36	Female	White		5 DATE OF BIRTH			ENRO EROI BRI	nont	MONTHS	OAYS	HOURS	MIN
	1 cmale	will ce		Mai	rch 23, 1928	52		YRS				
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	1	DE AUGUSTA A A A A A A A A A A A A A A A A A A	9. BALTIMO	ORE CITY O	R COUNT	Y OF DE	ATH		
"West Virginia USA					D NEVER MARRIED	ALL	EGANY	COLIN	TV			
10.0	ITY OR TOWN OF DEATH			WIDOWE	OR OTHER INSTITUTION		OCCUPATI			KINIO C	F BUSIN	MD
	umberland	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WOR	RK FOR MOST C	F WORKING	LIFE) IND	USTRY		
	directivitie	SACRED	HEART HO	SPITA	L	Веа	autici	lan	5	elf	Emp). •
USU	AL RESIDENCE (IF NURSING HOME OF				****	1						
M		egany	Cumber:		134. INSIDE CITY LIMITS?	13e STREET 209	Ceci	lia S	tma	- 4		
_	ATHER'S NAME	08017	O CONTOCT.	Land	15. MOTHER'S MAIDEN NA		0601	-11d k	rree	さし		
14 17	FRST Ernest	MARDLE	LAST		FIRST		MIDDLE			LAS	T	
	TIMES C	Ganoe				Mart	tha W	hitf:	ield			
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	ESS				
- (YES, NO OR UNKNOWN) IN YES, GR	/E WAR OR DATES)			Mr. Ronald	L. Day	ris. C	umber	rland	H	us ha	nd
_			/ .					- COLLEGE				
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly ane cause per ED BY:	line far (a), (b), an	dicui	as of as		11	1.	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		TE CAUSE (a)	MACIN	1 ma	9 190000	My ans	(140	Hes	É	30 days		
	1830 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which											
	gave rise to immediate											
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.											
	(c)											
	PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
CERTIFICATION	(languelaculous secondam to Chemiterapy -											
ATI	19g DATE OF OPERATION	MI CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUT	ORSY3	120b. IF Y	ES, WERE	FINDIN	NGS USE	D
FIC				1		IN CERTIFYIN			IFYING C	ING CAUSES OF DEATH?		
E	V					YES NOW YES] NO []		
	210 ACCIDENT WAS UNDERLYING			AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NA	ATURE OF INJUI	RY IN ITEM 18	PART 1 OR	PART 2)		
¥	OR CONTRIBUTING CAUSE OF DE	AIN	_	19								
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		21f LOCATION							
X	WHILE NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOV	WN	COU	NTY	S	TATE
	AT WORK -			-	1	1	(6)	1-	- Gr	-5		
100	22e.1 certify that (1) (this haspital) attended the deceased from 5/5, 19 0, to 5/23, 19 0, that (1) (we) last											
	saw the deceased alive an											
										C DATE	SIGNED	
	Kul	11.11	ATTENDING .	MEDICAL		FF C		5	13=	10		
	Call	va u	0	MYSICIAN DIRECTOR PHYSICIAN DIES								
	22d. PHYSICIAN'S NAME (TYPE				27e ADDRESS							
	RICHARD L. SNI	DER			MEMORIAL HOS	PITAL	MEDIC	AL BU	ILDI	NG		
23a I	BURIAL, CREMATION, REMOVAL	236 DATE	23: 1	NAME OF C	EMETERY OR CREMATORY	123d, LOC	ATION					
- (SMC Burial	5-26-1			Memorial Par	CITY	NWOT SC	-	COUNTY			TATE
		1 20 1					mberl		Alle	gan	r M-1	_
	UNERAL DIRECTOR		ADDRESSUM	IBERLA		TE REC'D. BY	REGISTRAR	25h REGIS	TRAR'S	IGNAT	673m	andre .
	SCARPELLI FUNER	VAL HOME,	108 VIR	GINIA	AVE.,	MAYZ	1980	-	-	1	-	1

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SCARRELLI FUNERAL HOME, 101 YES 241A .VE.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

UNIDELIANT: If them 21 a marked or Item 18 shows any injury, or other traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHOC

7 2

1-	STATE REGISTRAR			DET AN	CERTIF	ICATE OF DEATH	•	EG. NO.	0 0	0
	EASED NAME	FIRST		MIDDLE	ı	AST	2R DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
(ITPE	OR PRINT)	BETT!	E	С.	DEN	VISON	MAY 11	, 1980		1245P M
3. SEX	(14	RACE		5 DATE C		& AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	
	Female		White	е	July	25°1 1928	5.	l YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF	WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Allega	ITY OR COUNT		MD
	IMBERLAN	DEATH I	1. NAME OF I	HOSPITAL, NURS	FITAL	OR OTHER INSTITUTION	12R USUAL OCC (TYPE OF WORK FOR Housew.	MOST OF WORKING		OF BUSINESS OR
USU A	IATE V, Va	URSING HOME OF COUNT Hamps	ther institution hire	Sprine	Tield	134. INSIDE CITY LIMITS?	13r. STREET ADD	ress Rur	ral	
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	David	A.	C]	herry		Ellie	Z MI	»DIE K	(nox '	AST
16a W	AS DECEASED EVES, NO OR UNKNOWN)			234- 48		Daniel R. D		ADDRESS Sprine	gfield,	W, Va.
	43/- Canditions, if a gove rise to it cause to it store	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)] Which Gonditions, if ony, which gove rise to immediate cause (a). stating the underlying cause lost [Exploration of the county of								
NO	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION G	IVEN IN PART 1	(0)
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NO	Y IN CERT	TES, WERE FINDI	
	21g. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18), PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCU	JRRED	21R. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	27s.1 certify that faw the dece abase (L) we 22h SENATURE	(I) (this hospital area sive on a control of the co		19	. or	. 19	death occurred an	STAFF	our and from the	, that (1) (we) lost e causes stated E SIGNED L4/80
1	DR. AD	ADO A	TORR	ES		22R ADDRESS MEMO CUMBERLAN	RIAL HO D, MARY		MEDIC. 21532	AL BLDG
23a B	URIAL CREMATION	N, REMOVAL	5/14/	80 7	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Tield 1	Hampshin	re W.Va.

Shaffer Funeral Home Romney, W, Va.

2MAYE EC B BEGGTRAR

0		1.	FOR		DI			MARYLAND H AND MENTAL H	YGIENE	1 "2"	7 A	
		1-	STATE REGISTRAR					CERTIFICATE O	ENEATH	G. NO.	5 4	
			CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNOW		DAY YEAR	2b. HOU
	3	(TYI	E OR PRINT)	Mars	hall	Isaac	Der	emer	OF ESTI- DEATH MATE		1-80	6a
1	New York	3. SE	4 RACE	5. DA	ATE OF BIRTH	6. AGE (IN Y	EARS IF UN	NDER 1 YR. IF UNDER		MONTH	DAY YEAR	2d. HOU
1	1	1	fale Whi			896 84	MOIN	HS DAYS HOURS	MIN PRONOUNCED DEAD	5-11-80) 19	5p ,
	HE SEE		RTHPLACE (STATE OR REIGN COUNTRY)		ITIZEN OF WHA	T COUNTRY?	8. MARR	IED NEVER MARRI	P BALTIMORE CI	TY OR COUNTY	OF DEATH	10
	S FON	P	ennsylvania		U.S.A	•		VED 🗴 DIVORCE	ED All	egany		M
	DELAY IS NOT THE FILED, PAGE 5 BE FILED, OS, 301 W		TY OR TOWN OF DEAT	11	F NOT IN SUCH FACIL	TAL, NURSING HOM		HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 1)	2b. KIND OF BI OR INDUST	
	SS. 3		lintstone		Flint		t.#1		Retired		Carpen	ter
10	2, AND 3 TO 3. RETAIN PASHOULD BE PASHOULD	13a S		Bb. COUNTY		13c. CITY OR TOWN			13e. STREET ADDRESS			
212	F A SHOW		ryland	Allen	any	Flintst	one	YES NO TY		Pt. #		
MD.	T. NA	14.17	ATHER'S NAME FIRST	MIDD	DLE	LAST		15. MOTHER'S MAIDE	MIDDLE		LAST	
RE,	PAGES 1 PAGES 1 FORM PAN S 1 AND ON OF WILL	1140.3	George VAS DECEASED EVER IN	III S APMED S	ORCECO	Deremer 166. SOCIAL SECURI	TV NO	Mary 17. INFORMANT	J		(NOWN)	
IMC	SS SS A	(1	ES, NO, OR UNKNOWN)	IF YES, GIVE WAR OR	R DATES)					1.0.		70001
BALT	WITH WITH PAG DIVISI	N				21407-0	0685	Mrs. Wild	la M. Layton	Mario	I APPROXIMAT	1/23
1. I			18 CAUSE OF DEATH PART I DEATH WA	S CAUSED BY:	cause per line to	ır (a), (b), and (c).)	a				BETWEEN ONSE	ET AND DEATH
ON	24 HC ITEM 1 LONG PERMI GIENE,		4111	MMEDIATE CAL		S A CONSEQUENCE		oronary	Occlusion		Sudd	en
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301	EX. EX.		lying cause last.		(e)							
	CAL CAL A BUIL	10	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
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L RE		S	190. DATE OF OPERAT	ON	195. CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY	?
VITA	SHC ORD ORD ORD ORD ORD IT OF	哥伦					-				YES 🗆	NO D
OF VIT	ATE NO SERVICE	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE		11b. TIME OF H HOUR A.M.	NJURY MONTH DAY YEA	R 21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART	2)	
ON	AR AR	S	CONTRIBUTING CA	USE OF DEATH		19						
DIVISION	RETING RETING REDED 3E 3 S TE DEP	WED	21d. INJURY OCCURRE	D HILE \square	21e PLACE OF STREET, FACTOR			STREET	CITY OR TOWN	COUN	ITY	STATE
	EN AN ES		WHILE NOT W	RK								
	FOR PHE SI		22a. I certify that I to	ook charge of th	ne remains descri	bed above, held an	Autop	osy . Inspection	x, Inquiry x,	and in my opin	nian	
	AN TOTAL		death resulted fram:	Natural cau	ises A	cogent , S	uicide 🗌	, Homicide .	Undetermined manner].		
	CERT CERT JID DIRE WITH ARYL		ACTUAL S)	. ' 1.	XOT	, ,	TITLE (SPECIFY)		DATE		
	CAL EXA THE CER SHOULD RAL DIRI ATH, WIT RE, MARY		SIGNATURE	end	Letx	Felares	ICH	Deputy	MEDICAL EXAMINER	DATE SIGNED	5-11	-80
	MEDIC CUTE TI SE 4 SI FUNER ER DEA	41	EXAMINER'S NAME	Danadi	int dis	. 4 7	26	D *: // 0		11 (19		
	TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARYL	77a P	(TYPE OR PRINT)			tarelic			Cumberland	Mary	rland.	
		230. B	PECIFY)		y 14,80				CITY OR TOWN	tone All	v Legany	MA
	BP	24. F	Burlal JNERAL DIRECTOR			Prosper		25a. DATE R		REGISTRAR'S SIC		MU
	(VR A15 ME (5))	S	ilcox-Mer	ritt.	Cumbe	erland, M	larv	land	MAY 1 5 1980	Tinto	4 Maly	tools
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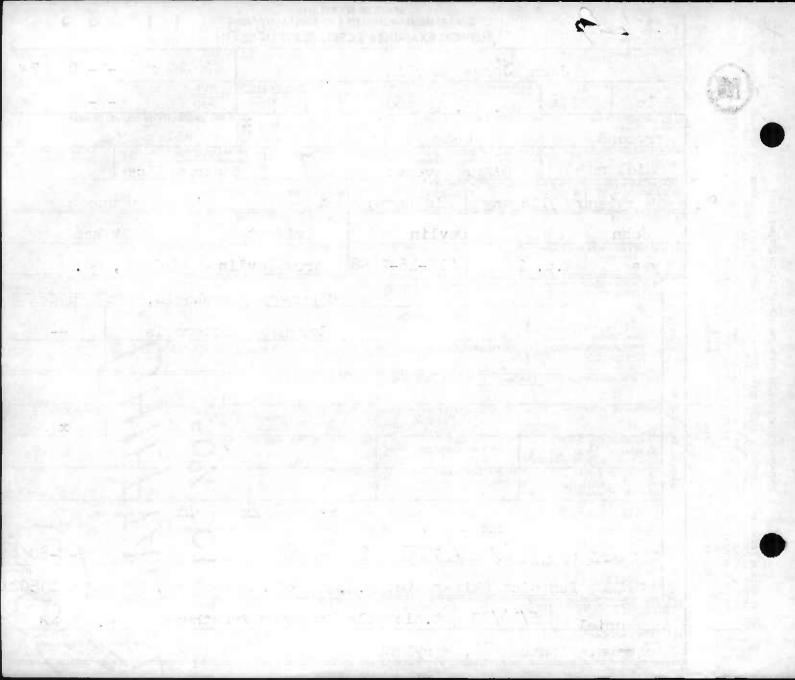
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DHMH - 17 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
DEPARTMENT OF HEALTH AND MENTAL I EDICAL EXAMINER'S CERTIFICATE (OF DEAT

1	1	3	3	5

	1-:	STATE REGISTRAR	2		CAL EXAMI						NO.	0 7	
		CEASED NAME	FIRST	,	MIDDLE	L	AST			20. DATE KNOWN	MONTH	DAY YEAR	2h HOUR
		E OR PRINT)	Joh		Devlir					OF ESTI- DEATH MATED		-7-\$P	7A _M
	3. SEX			5 DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHI	PAY) MONTH	DER 1 YR.	HOURS	R 24 HRS.	2c. DATE PRONOUNCED	MÖNTH	DAY YEAR	24. 1100K
			hite	Aug. 16		RS.				DEAD	5-	-7-80	8a _M
5	FOR	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WHA	SA		D NE		pluis.	9. BALTIMORE CIT	eg ny	Y OF DEATH	
	-	aryland TY OR TOWN OF DEA	ATH	11. NAME OF HOSPI		WIDOWE		DIVOR		JAL OCCUPATION (12h KIND OF B	MD.
)		Midland		(IF NOT IN SUCH FACIL	a Avenue	9	K 11 43 111 0		FOR /	state Po		OR INDUS	TRY
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0	14. FA	THER'S NAME John		MIDDLE	Devlin		E	Brid	get	WIDDLE	St	akem	
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-	MEDICAL CERTIFICATION	lying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERA	IT CONDITIONS ((c) CONTRIBUTING TO DEATH SUT	NOT RELATED TO THE TER				ART I (a).			20. AUTOPSY	(?
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3	ICAL CE	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P.M.	MONTH DAY YEA	AR		OCCURR	ED (ENTER I	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
	MED	21d. INJURY OCCUR WHILE NOT AT WORK AT W		STREET, FACTOR	INJURY (AT HOME, Y, FARM, ETC.)	21f. LOC	REET			CITY OR TOWN	COL	UNTY	STATE
		220. I certify that death resulted from ACTUAL SIGNATURE		e of the remains descri		Autaps	Hamid	PEÇIFY)		Inquiry RANGE CONTROL	and in my op , DATE SIGNE	5-7	- 80
7	22. 01	EXAMINER'S NAME (TYPE OR PRINT)	Dent	edict Ski							, Mary	yland	21502
	(5	URIAL, CREMATION, F PECIFY) Buria		5/10/80	St. Mich	naels	Cem	eter	ry Fi	CATION ORTOWN COSTBURG	COUN	Α.	Md
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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nderlying couse lo	st.	S A CONSEQUEN	ICE OF					
RT 2. OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TER	MINAL DISEASE OF	CONDITION GI	IVEN IN PART 1	01
DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH O	PERATION WA	AS PERFORMED	20a AUTOPSY	IN CERT	ES, WERE FINDI	NGS US S OF DEA
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE	OF DEATH HOUR A.M.		YEAR 19	HOW INJURY OCCU				
. INJURY OCCURRED HILE NOT WHILE OF AT WORK	21e, PLACE OF (AT HOME, STREET,	INJURY T, FACTORY, OFFICE, FAR	ZM, ETC.J	LOCATION STREET	City	ORTOWN	COUNTY	
	-/-		DEGRI		n death occurred or		ur and from the	
SIGNATURE	11. 7	11 -	600 1	10 ATTENDING	MEDICAL	STAFF		11 30
.1	certify that (1) this ow the deceased all above (1) we) (did) to	certify that (1) this hospital) attended the down the deceased almost 5/2 above (1) we) (did) faid not) view the body of	certify that (1) this haspital) attended the deceased from ow the deceased give as 19 8 above (1) [we] (did) (did no) view the body after death	certify that (1) this hospital) attended the deceased from ow the deceased alive on 19 8-0, and the above (1) we) (did) (did not) view the body after death	certify that (1) this hospital) attended the deceased from	certify that (1) this hospital) attended the deceased from	certify that (II) this haspital) attended the deceased from	certify that (1) this hospital) attended the deceased from

DHMH-16 60M 1/73

74 FUNERAL DIRECTOR
SILOUX-MERRITT FUNERAL SERVICE CUMBERLAND MD. (VR A 15 (4))

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1		DICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES	e the certificate, writing the word "pending" in pencil in item 18. give pages 1, 2, and 3 to the funer	S SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	Jeral director: Page 3 should be used as a burial.transit permit. Pages 1 and 2 should be filed, with	death, with the state department of health and mental hygiene, division of vital records, 301 w. pre	ORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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	1	FOR	DEI	STATE OF	MARYLAND	IYGIENE	a min diam	
	1-	STATE REGISTRAR		CAL EXAMINER'S		446 2	3 3	1
6		CEASED NAME FIRST		DOLE	LAST	20. DATE KNOWN OF ESTI- DEATH MATED		26. HOUR 310 am
是是	3. SE		5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MOR		PRONOLINCED	MONTH DAY	YEAR 2d. HOUR
SSAFT RALDI RALDI ESTON	770 B	emale White IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT	907 72 YRS. COUNTRY? 8. MAR	RIED NEVER MARRI	DEAD Ma	OR COUNTY OF DEA	
NECESS FUNERA 5 FOR W. WITHI	> P	ennsylvania	USA	WIDO	WED A DIVORC	ED Alle	egany	MD.
ELAY IS N TO THE F I PAGE 5 BE FILED,		Cumberland	Memoria	AL, NURSING HOME, OR OT Y GIVE STREET ADDRESS) 1 Hospital	HER INSTITUTION	120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) Housewife	OR INI	DUSTRY
F ANY DE 2, AND 3 T 3. RETAIN SHOULD B I RECORD!	13a. S	AL RESIDENCE (IF IN NURSING MOME COUNTY). COUNTY MAIL	ROTHER INSTITUTION, GIVE RE TY 1eral	ESIDENCE BEFORE ADMISSION) BL. CITY OR TOWN Fort Ashby	13d. INSIDE CITY LIMITS? YES NO A	13e. STREET ADDRESS none		
CES 1, 2, RM PM 3. AND 2 SH	9 14. F	ATHER'S NAME George	W. Rossman			Shuey	LAST	
URS AFTER WITH FOR WITH FOR PAGES 1 DIVISION C] 16a. \	WAS DECEASED EVER IN U.S. AR/ (ES, NO. OR UNKNOWN) (IF YES, GIVE		66. SOCIAL SECURITY NO.	Mr. Fay	Elder, Wiley F		Son
ST., B. HOUR ING WI RMIT. P.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA)	y one cause per line for) BY: E CAUSE (a)		ronary Occl	usion		NONSET AND DEATH
5,301 W. PRESTON ECUTED WITHIN 2, S' IN PENCIL IN 116 AL EXAMINER ALC BURIAL-TRANSIT PE IND MENTAL HYGII		Canditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying cause last</u> .	DUE TO, OR AS	A CONSEQUENCE OF COTONAL A CONSEQUENCE OF	ry Sclerosis	3		
A X U 11 4 U	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	()	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a).		
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20. AUTO	22
ISION OF VITA ERTIFICATE SHO NG THE WORD D TO THE CH I SHOULD BE U EPARTMENT OF		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF IN HOUR A.M. M	JURY ONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2	
DIVISION E. THIS CERTIFIC E. WRITING TH RWARDED TO FAGE 3 SHOU STATE DEPART 21201 PRIOR TO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			OCATION STREET	CITY OR TOWN	COUNTY	STATE
XAMINER ERTIFICATION BE FOUNTH THE		ACTUAL B	32	cident , Suicide	ppsy , Inspection , Homicide , TITLE (SPECIFY) Deputy	Undetermined monner	DATE MAY	2 1080
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	2	EXAMINER'S NAME Dr.	Benedict S	kitarelic MD		medical examiner	SIGNED ***CLY	2,1700
PAGE TO PAGE AND PAGE	230. 8	SURIAL, CREMATION, REMOVAL 2 SPECIFY) Burial	36. DATE May 4,1980	23c. NAME OF CEMETERY Fort Ashby	OR CREMATORY	23d. LOCATION CITYOR TOWN Ashby,	W. Va.	STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. f	UNERAL DIRECTOR NAME James F. Se	carpelli, C	umberland, Md.	25a. DATE	RECIDIBLY REGISTRAR 256. REC	HETRAP'S SIGNATURE	ready

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injury, or other troumotic ==

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cortewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If them 21 is marked or them 18 shows any

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	1 0	0 0
1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT) Alma	Eleanor	Erdly		May 8, 1980		8:05 A M
3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Female	White	November DAY		82 YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVE	R MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Pennsylvania	USA	WIDOWED	DIVORCED [Allega	ny	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER IN	NOITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND (OF BUSINESS OR
Cumberland	44 Scott Co			School Teacher		cation
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c CITY O		CITY UMITS?	13e STREET ADDRESS		34444
		rland YES	NO 🐷	Bel Air Apartm	onte	
14. FATHER'S NAME	regardy Journey		R'S MAIDEN NAM		GILOS	
William 1	MIDDLE LA		FIRST	MIDDLE		AST
160. WAS DECEASED EVER IN U.S.		ESECURITY NO. 17. INFOR	stelle		erman	
	GIVE WAR OR DATES)			44 Scott Cou		
	1103=	60-6893 Ralp	h P. Erd	ly Bel Air, (Cumberl	
PART I. DEATH WAS CAL	r only one couse per line for (o),	(b), and (ch)	- 1 .	/	BETWEEN	I ONSET AND DEATH
	DIATE CAUSE (o)	Respusito	y gall	ure_		nour
4029	DUE TO, OR AS A CON	ISEQUENCE OF	0			- /
Conditions, if ony, which		Cerchal	ano.	K/a-	9	days.
gove rise to immediate couse (a), stating the		ISEQUENCE OF		1 / 1	1	
underlying couse lost.		Consister	e hear	r facture	9	mos.
	T CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELAT	ED TO THE TERMI	INAL DISEASE OR CONDITION G	IVEN IN PART L	(0)
2 phine	tensive aste	ruscherotic C	v diseas	u Maheteo	mellit	tus
M 190 DATE OF OPERATION	1%. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FIND	INGS USED
J90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					IFYING CAUSE:	NO [
210. ACCIDENT WAS UNDERLYING		H DAY YEAR 21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	19				
OR CONTRIBUTING CAUSE OF CHIEF THER, NOTIFY MEDICAL EXAMINATION OF COURRED	21e. PLACE OF INJURY	211. LOCA	TION	477.02.20.41		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY.	OFFICE, FARM, ETC.)	E1	CITY OR TOWN	COUNTY	STATE
220.1 certify that (I) (this he	spital) attended the deceased			10 May 8	19.80	, that (I) (aux) last
sow the deceased olive	on May S	_19, and that in (m	y) (eur) opinion d	deoth occurred on the date and ha	our and from the	couses stoted
22k SIGNATURE		DEGREE	=			ESIGNED
X	clehr .	the mode	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	may	11 1980
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDR			10007	, , , , ,
Ralph P. H	erdly M. D.	0	Cumb	selland man	pland	
23a. BURIAL, CREMATION, REMOV	AL 236. DATE	23c NAME OF CEMETERY O	RCREMATORY	23d LOCATION V	COUNTY	STATE
Burial	5/13/1980	Mount Rock	Cemeterv			Penna.

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or ottending physician.

(VR A 15 (4))

Burial |5/24 FUNERAL DIRECTOR | John J. Hafer, Jr.

LaVale, Maryland 21502

Mount Rock Cemetery L

Mifflin BY REGISTRAR 256 REGISTRAR'S SIGNATURE

att a state of the THE PARTY AND TH counting and the profession of the control of the c

should be detached for use as t with the State Dept. of Health TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21

FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	1 1 3	3 3 9
. Decembes . Trining	MIDDLE MIDDLE		LAST	20 DATE OF DEATH MONTH		2b. HOUR
MI	LLICENT L.	GAR	RISON	MAY 30, 198	30	8:15P,
Female	White	5. DATE (The 11 ^{DAY} 1912 ^R	6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS	HOURS MIN.
78. BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	GN 76 CITIZEN OF WHAT CUSA	OUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY OR COL Allegan	UNTY OF DEATH	м
CUMBERLAND,	MD . (IF NOT IN SUCH FACILITY MEMORIA	L HOSPIT	AL	17e USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORK HOUSEWITE		OF BUSINESS OF
130 STATE	Allegany 13c. Cl	in bertand	134. INSIDE CITY LIMITS? YES 🖾 NO 🗌	13. STREET ADDRESS 144 East Ma	ry Street	,
Milton Leasu	MIDDLE	LAST	IS MOTHER'S MAIDEN NA FIRST Saloma Wit	MIDDLE	LAS	51
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1)	U.S. ARMED FORCES? [16b. SC FYES, GIVE WAR OR DATES]	CIAL SECURITY NO.	Roy T., Ga	rrison Cumber	land, MD	
Conditions, if any, we gave rise to immediate couse (a), stating	hich (b)	CONSEQUENCE OF	heartd.	argentur		
PART 2 OTHER SIGNIF	ICANT CONDITIONS <u>CONTRIB</u>	UTING TO DEATH BUT		200 AUTOPSY? 20b.	N GIVEN IN PART 11 IF YES, WERE FIND IT CERTIFYING CAUSES YES	NGS USED
OR CONTRIBUTION C CAL	SE OF DEATH HOUR A.M. MI	RY ONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF MURY IN ITE	m 18, PART I OR PART 2)	
CIFETTHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	CAT MOME STREET EACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (the saw the deceased	olive an (did not) view the body ofter de	19 1500	nd that in (my) (our) opinion	death accurred on the date and		
22b. SIGNATURE	Afalle	1/1		MEDICAL STAFF DIRECTOR PHYSICIAN [-5/3	1/Po
DR. PETE	The state of the s		220 ADDRESS MEMO	RIAL HOSPITA	L	

23a. BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 F. SCARPELLI

6-3-80

23b. DATE

Mt. Savage Meth Ch. CUMBER LAND, MD

23c. NAME OF CEMETERY OR CREMATORY

134 LOCATION LITY OF TOWN Mt. Savage

CUMBERLAND

Allegany

STATE

MD

250. DATE REGIO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MILLICENT L. CHETTER HAY IC 1980 CHMBERLAMP, MO. MEMORIAL HOSPITAL The state of the late of the l

THE RELLEA HALLOS THE CHARMEN THE TOTAL STEED

Application of the state of the

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	10		

STATE OF MARYLAND

FHOSPITAL, NURSING HOME OR OTHER INSTITUTION

NOV. 9. 1909 YEAR

MARRIED NEVER MARRIED

DIVORCED

NO 15. MOTHER'S MAIDEN NAME

Sabra Jane Bucy

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

13d. INSIDE CITY LIMITS?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	3	A	1
1	1	0	-	-

1980

IF UNDER 1 YEAR

MONTHS DAYS

2h HOUR

126. KIND OF BUSINESS OR

Own Home

LAST

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

CUMBERLAND.

22c. DATE/SIGNED

YES -

APPROXIMATE INTERVAL yours

NO [

STATE

MD

1:30A

IF UNDER 24 HRS

REG. NO

MAY 29

BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

20 DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

12e: USUAL OCCUPATION

ALLEGANY COUNTY

Housewife

130. STREET ADDRESS 110 Elder St.

MIDDLE

Ms. Sharon De Haven, Cumberland, Md.

20a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

ATTENDING MEDICAL STATE

NO

CITY OR TOWN

ADDRESS

		REGISTRAR					CEI	KITHICATE OF DEA	11
		EASED NAM	E	FIRST		MIDDLE		LAST	_
ľ	IVPE	OR PRINT)	DOR	YHTO		ELIZAE	BETH	GEORGE	
3.	SEX				4 RACE			ATE OF BIRTH	_
	F	emale			Whit	е	N	1800 9, 190	9"
70	BII	RTHPLACE (ST DUNTAY) Larylan	ATE OR FO	REIGN	76. CITIZEN OF	WHAT COUP	MA	ARRIED NEVER MAI	
	CI	ror town umberla	OF DEA	ТН		HOSPITAL, N CHFACILITY, GIVE HEART		ME OR OTHER INSTITU S) TAL	TK
1	3a S	RESIDENCE TATE Tyland		ING HOME OF ALLE		13c_CITY OF		134. INSIDE CITY	LIA
14	FA	THER'S NAME		amin Î	. Huff	LAS	т	Is. MOTHER'S M Sabra	Τ _
14		AS DECEASE es, no or unkno no			MED FORCES? WAR OR DATES!	166 SOCIAL	SECURITY		Sł
	NC	Conditions, gove rise couse 101, underlying	to imm statin cause	nediote g the last	(Ic)_	OR AS A CON		OF BUT NOT RELATED TO	TH
	CERTIFICATION	19a DATE OF	OPERAT	ION	196 CONE	ITION FOR W	HICH OPER	ATION WAS PERFORM	ED
	MEDICAL CERT	21a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	NG C	AUSE OF DE A	P	.M. MONTH	H DAY Y	21c HOW INJUI	₹Y (
	MED	21d. INJURY C	NOT WE	INE 🗍	21¢ PLACE (AT HOME, S	OF INJURY TREET, FACTORY, C	OFFICE, FARM, ET	211 LOCATION STREET	
		obove, (I	decease (nai (d	d alie on.	al) attended t	120	19 80	, and that in (my) (er	19.
		224 SIGNATI	51	clip	al Z	10	ude	DEGRÉE ATTE	
		0.00		L. SI		M.D.		MEMORIA	AL.
2:	3 a B	URIAL CREMA	MOITA		236. DATE		23c. NAME	OF CEMETERY OR CRE	_
	12	Buria	1		LTuna	1.1980	MA	Harman Com	

23c. NAME OF CEMETERY OR CREMATORY June 1,1980 Mt. Herman Cemetery

MEMORIAL HOSPITAL MEDICAL BUILDING 23d LOCATION

STATE

24 FUNERAL DIRECTOR

ADDRESS CUMBERLAND. MD. SCARPELLI FUNERAL HOME, 108 VIRGINIA AVE!

Cumberland, Allegany, Md.

copinion death occurred on the date and hour and from the causes stated

DHMH-16 25M (VRA 15, 4) 1/79

AGE: 1 GENERAL AND MANAGEMENT AND AGE OF THE			H-1484
ADE: 7 GEDE (OR YOU	BLITE CROSSE	STANK	of many
COUNTY COUNTY			Strafferm
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SCARPELLI FUMERAL HOME, LOS VIRGINIA ANEZ

ALCYPROL. SKINGS I.I.

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	PLEAS ECTOR FILES. OURS REET,	3. SEX		George 4. RACE	5. DATE OF BUNTH	E. 6 AGE (IN YE LAST BIRTHD	EARS IF UNI	Jess DER 1 YR.	IF UNDER 2	4 HRS. 2c. D	ATE	Apri	OU.	A M
	ARY.		ale	White	7b. CITIZEN OF WI	, 84 _Y	RS.	DAYS	HOURS	D	OUNCED EAD TIMORE CITY	- V	19	PW
	SE SECESS	M:	RTHPLACE (ST REIGN COUNTRY) Arylan	d	USA	HAI COUNTRY?	8. MARRIE	D NEV	ER MARRIE DIVORCE		Alle	_	OFBEATH	MD.
	PAGE 5 PAGE 5 BE FILED.	C	umberl	and	I oka	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Drive, R	t. #			FOR MOST OF	WORKING LIFE)		26. KIND OF BU OR INDUSTR K, Post	RY
11201	RETAIN DELA	130. S M	TATE arylan	d Alle		re residence before admiss 13c. CITY OR TOWN Cumberla	nd	YES 🗔	NO 🖾		Drive	, Rt.	#3	
E, MD. 3	PAN SS 1, 2		THER'S NAME FIRST Charle		MIDDLE F	Hess		15. MOTHER	r's MAIDEN cheri		WIDDLE		Heier	
LTIMOR	URS AFTER DI B. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF	16s. V		EVER IN U.S. ARA	WAR OR DATES)	NONE	TY NO.	Chri		e Hes	ADDRES		nd, Md	
N ST., 8/	EM 18. C DNG WI ERMIT. P.		18 CAUSE O PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)	far (a), (b), and (c).)		OCCLU	JSION				APPROXIMATE BETWEEN ONSET SUDDE	AND DEATH
W. PRESTON ST	D WITHIN 2 ENCIL IN IT AMINER ALL TRANSIT P ENTAL HYG REMOVAL.		gave ris	as, if any, which	DUE TO, OR	AS A CONSEQUENCE CORON		SCLEF	ROSIS	3	100			
301	N N N N N N N N N N N N N N N N N N N	8	lying cau		(c)	AS A CONSEQUENCE								
RECORDS,	ULD BE EXEC "PENDING" EF MEDICAL SED AS A BUS HEALTH AND CREMATION,	NOI				BUT NOT RELATED TO THE TERM				() (a).				
	SEE SEE SE	LIFICAT	19a, DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPER	ration w <i>a</i>	AS PERFORA	AED?				20. AUTOPSY?	NO 🔯
DIVISION OF VITAL	THE WORL THE WORL TO THE CLOUID BE RETARENT CLOUDED BE TO BURIAL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS		MONTH DAY YEA		W INJURY (OCCURRED	(ENTER NATURE (OF INJURY IN ITEM	8 PART 1 OR PAR	7 2)	
DIVISIO	WRITING THE WRITING THE WARDED TO WEE 3 SHOOT ATE DEPART OIL PRIOR TO	MEDI	21d INJURY CO WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION REET		CITY O	OR TOWN	COU	NÎY	STATE
	WINER: THIS IFICATE, WR BE FORWAR CTOR: PAGE H THE STATE AND, 21201			y that I taak charge		scribed abave, held an	Autaps	y . Hamici	Inspection de	X, Inqu		and in my api	nian	
D	XA ERT UD NIRE WIT		ACTUAL SIGNATURE	Bene	dict	Ketarele	() M.	TITLE (SP	,	,MEDICAL E	XAMINER	DATE SIGNED	Ap. 22.	1980
	TO MEDICAL E EXECUTE THE CPAGE 4 SHOU TO FUNERAL LAFTER DEATH, BALTIMORE, MY	-	EXAMINER'S (TYPE OR PRIN	NAME Ben	edict S	kitarelic	, MD	DDRESS_B	alti	more F	ike,	Cumbe	rland,	Md.
	DA S D S S S S S S S S S S S S S S S S S	73a.B	URIAL, CREMAT	ION,REMOVAL 2		23c. NAME OF CE				23d. LOCATIO		COUNT		ATE
		1 (5	PECIFY)									200		ATE

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Faitel or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Ē
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5	ATTENDING PHYSICIAN pital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furiers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 12 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

the

age 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	ATE OF	CERTIFIC	DEATH	REG.	NO.				
DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE LAST		2R. DATE OF DEATH	2R. DATE OF DEATH MONTH			26. HOL	JR
on vine of	S	RY LEE HINE		MAY	13,	19	080	4:3	5P
3 SEX		4 RACE S. DATE OF I		& AGE IN YEARS LAST B	IRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
Male	12	White Marci	1900	80	YRS	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE O	NEVE	76 CITIZEN OF WHAT COUNTRY?	MARRIED -	1 BALTIMORE CITY	-				
W. Va.		U.S.A. WIDOWED	ONORCED [ALLE	GANY	COUN	TY,		M
Cumbon of		11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPI	STITUTION	170 USUAL OCCUPA		LIFE) 12b.	KIND O	e Busini	roa
BIRTHPLACE (STATE O	12 NEVEL	White Marci Th CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED Th. NAME OF HOSPITAL, NURSING HOME OR FIND IN SUCH FACILITY, GIVE STREET ADDRESS)	MARRIED DIVORCED	P BALTIMORE CITY ALLE 12a USUAL OCCUPA	OR COUNT GANY	TY OF DE	EA	Y,	тн

1 21	:X	RACE		3. DATE C	OF BIRTH		AGE IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
	Mark a	1006 2 4		MONTH		YEAR	00		MONTHS	DAYS	HOURS	MIN.
	Male SIRTHPLACE STATE OR FOREIGN 1	Whit CITIZEN OF	WHAT COUNTRY?	1	ch 12, D № NEVER	1900	9 BALTIMORE CITY					
	W. Va.	U.S.		WIDOWE		NORCED [ALLE	GANY	COUN	ſΥ,		MD.
	Cumberland	SA	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A CRED HEART	HOSI		TITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST		LIFE) 12b.	KIND C USTRY	Rail	ess or road
130	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN Min	other institution IY eral	13c. CITY OR TOWI		13d. INSIDE C	NO C	13. STREET ADDRESS Star Rt	1 Box	26			
14 F	ATHER'S NAME	IDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			LAS		
		٧.	Hines		La	ura	R.		Н	arr		
	IN CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause tol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, C DUE TO, C DUE TO, C (c)	DR AS A CONSEQUE	NCE OF	uez Inec	Ce Le	Star Rt 1	Ora	uere e	APPROX ETWEEN	MATE INTE	
CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 200. IF YE		YES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES NO			TH?
EDICAL	OR CONTRIBUTING CAUSE OF DEAT	7	.M. MONTH DA	Y YEAR								
ED	214 INJURY OCCURRED	21R PLACE	OF INJURY	-	211 LOCATE	NC	34.00					

CITY OR TOWN NOT WHILE [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] COUNTY WHILE 22a I certify that (1) (this haspital) attended the deceased from

above 11 (we) idial said not) view the body after death. , and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 77% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSIC IAN'S NAME (THE OR PRINT 224_ADDRESS

909-B SETON DRIVE, CUMBERLAND, MD. 21502

JOHN N. MEHANNA, M. D. 134 LOCATION RURAL 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Mineral W.Va. Duling

16 May 80 Rothings 85 SOUTH MAIN STREE DATE REC'D BY REGISTRARIES PROJETY AND LATURE KEYSER, W.VA. MAY 2 0 1980 24 FUNERAL DIRECTOR Alley M, ROTRUCK FUNERAL HOME

DHMH-16 25M (VRA 15, 4) 1/79

FOR

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Note White Names 12, 1200 20

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705 of 7570 Fine Wines Star Wt & Box 25 Meyear, N. Ma.

JOHN H. REHARMA, J.D. JOS-B SETON BLIVE, GUNNERLERD, NO. 21502

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. D. T. Marie A. Marie

TESTE BILLIAN HESELATION AND STREET BHILL 1473 N HOHRTON AV. No. 132YSh

	1.	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		4 3
		CEASED NAME	FIRST	WIDDLE		AST	20 DATE OF DEATH		
1			EARL	٧.		OLLER	MAY 23,		8:30
non-	3. SEX	ale	4	RACE White	July	OAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
175	C	RTHPLACE ISTATE OR DUNTRY) nnsylvar		CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Allegany	County of DEATH	,
50		TY OR TOWN OF D	1997	MEMORIAL HOS			17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Carpent	F WORKING LIFE) INDUST	D OF BUSINESS C RY
and a	13a S	AL RESIDENCE (IF NO TATE NNA	136 COUNTY	ford Hyndm	VN .	13d. INSIDE CITY LIMITS? YES NOXOX	130. STREET, ADDRESS		
exal exal	14. FA	George	Holler	DDLE LAST		IS MOTHER'S MAIDEN NAM Sarah Lyt			LAST
Ĕ	16e. V	VAS DECEASED EVE		ED FORCES? 166 SOCIAL SECT		17 INFORMANT	ADDR		
<u>ک</u> یو		ES, NO OR UNKNOWN)	1 163, 0146 11	205-01-	0939	Catherine I). Holler	Hyndman	Pa. R
ws any injury, or other	CERTIFICATION	PART 2 OTHER SIG	SNIFICANT CO	DUE TO, OR AS A CONSEOU (c) A ANAMA INDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH	DEATH BUT		INAL DISEASE OR CON	20h. IF YES, WERE FIN	IDINGS USED
shows 2	IFIC						YES T NOTE	IN CERTIFYING CAU	SES OF DEATH?
or Item 18		216. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	21% TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
marked o	MEDICAL	21d. INJURY OCCU		210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
Item 21 is	THE PERSON	sow the deced	ased olive on	ottended the deceased from 19 8 19 8 19 8 19 8 19 8 19 8 19 8 19	0	nd that in (my) (our) opinion of DEGREE	death occurred on the d	ate and havr and Irom	the couses stated
MPORTANT: If It	7	224 PHYSICIAN'S	NAME (TYPE OR P	aheta	MS	Ten 1000000	MEDICAL STA DIRECTOR PHYSIC	IAN	-27-80
POR		DR.	PETER	HALMOS / Sals	200	CUMBERLAN	ND, MARYL	AND 215	02
2	230 E B Ú	urial, cremation	N, REMOVAL	236. DATE 234 May 26,1980		erger Cemete	23d LOCATIONAL CITY OR TOWN	O Mills	state Bedfor
25M 1/79	24 FL	NERAL DIRECTOR Harvey	H. Zei	gler, Hymuma	n, P	1. 15545 250. DN	NEZP. BY 198UAR	256. REGISTRARIS SIGN	VATURE

COMBERTAND WENCELYT HUSBITYT OR. RETER HALFOS CUMBERIANO, PARTILAND 21502

/*	1.	FOR STATE REGISTRAR			T C ER
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after deam Page within 72 hours at morfied at once	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	
des. 72 h 72 h	0.00	arvland	USA		AAF IDC
ter de fune		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	IOA
hours after in by the fur filed within		CUMBERLAND	"ME"M	STRIPLE HOSP	554
iMORE, MARYLAND 21201 e be executed within 24 hours after decement and and completely filled in by the funeral directs and 2 should be filed within 72 hours after decide examiner must be norified at once the medical examiner must be norified at once the medical examiner must be norified.	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE ADM	AISS
ND in 24 in 24 id by	4	MD A1		Cumberla	me
within 24 within 24 should be examiner		ATHER'S NAME			T.IC
ted v		John E. Rexrod	WIDDLE	LAST	
MORE, MAI	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	/ N
MOR be e ages	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213 48 76	9:
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTEY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK NOTEY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIB	DUE TO. DUE TO. (c) IT CONDITIONS CONTINUES 19b CONTINUES 21b TIME HOUR / VER) 21a PLACE (AT HOME S	OITION FOR WHICH OPE OF INJURY A.M. MONTH DAY P.M. E OF INJURY TREET, FACTORY, OFFICE, FARM. TO THE DESCRIPTION OFFICE, FARM.	TH ERA
RP	23a.	BURIAL, CREMATION, REMOV (SPECIFY) Burial	6-3-8	0 Sun	
KP				- ~ ~ ~ ~	

JAMES F. SCARPELLI

ADDRESS

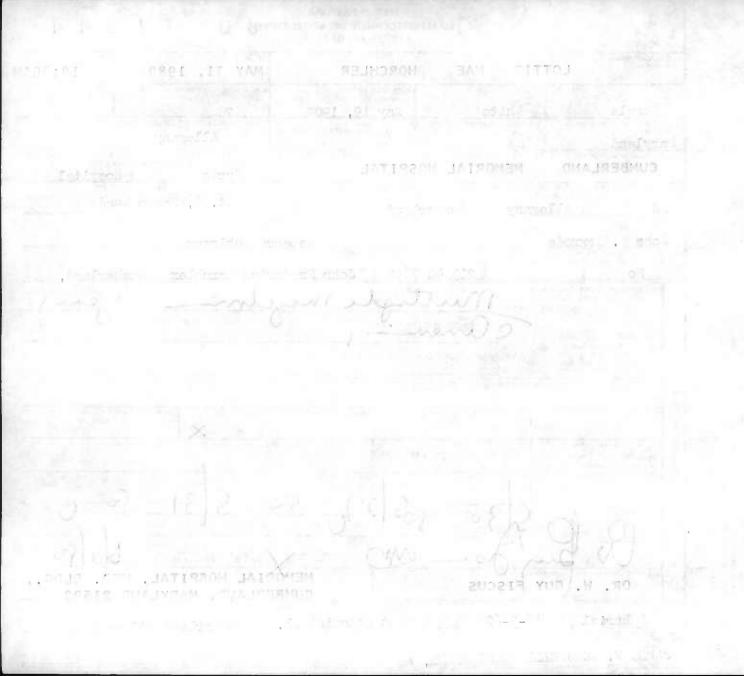
CUMBERLAND.

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DHMH-16 25M (VRA 15, 4) 1/79

DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENB ()	10.	134	1 4
IDDLE	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
MAE	HORCHLER	MAY 31,	1980		10:00AM
	S DATE OF BIRTH MONTH DAY YEAR May 19, 1902	6. AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
VHAT COUNTRY?		BALTIMORE CITY O		Y OF DEATH	MD.
OSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Nurse			ital
GIVE RESIDENCE BEFOR 13c. CITY OR TOW Cumber	VN 134. INSIDE CITY LIMITS?	134. STREET ADDRESS	Haze	n Road	
LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	а
213 48	URITY NO. 17 INFORMANT	ADDR	ESS	Cumberl	
AS A CONSEQUENTRIBUTING TO		INAL DISEASE OR COM	NDITION GI	IVEN IN PART 1	o'
TION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES	NGS USED OF DEATH?
FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, I decreased from Other death	and that if (m) (our) opinion	CITYOR TO) \	COUNTY 19	1
0-	DEGREE ATTENDING PHYSICIAL	MEDICAL STA		b a	Po
US	22e ADDRESS MEMO	ERLAND, M	ITAL, ARYLA		BLDG.,
	NAME OF CEMETERY OR CREMATORY UNSet Memorial Pk.	23d LOCATION CITY OR TOWN CUMberl	and A	county llegany	STATE
	25a. DAT	E REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNA	TURE

1980



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201
AMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS MECESSA
RIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FLIVERAL
BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE CHIEF MEDICAL EXAMINER PM 5 FOR THE CHIEF MEDICAL EXAMINER PM 5 FOR THE CHIEF PM 5 FO
rector: page 3 should be used as a burial-transit permit. Pages 1 and 2 should be filed, within
ITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 V. PRESTO
AND STOOT DE TO BILDIA TO BE MATION OF BEANDAN

1,	FOR			STAT DEPARTMENT OF H	E OF MARYLA		NE ()	1346	
	- STATE REGISTRAR		MEI	DICAL EXAMIN	ER'S CERTIFI	CATE OF DE	ATH REG.	NO.	
	PECEASED NAA	AE FIRST John	n D. Ke	etzner	LAST		20. DATE KNOWN OF ESTI- DEATH MATED	May 18 80	HOUR 2A
	lale	White	June 11,	1906 73 YR	, Monthis Date	HOURS MIN.		May 18 80 2	HOU!
5	BIRTHPLACE (FOREIGN COUNTRY Marylar	nd	76. CITIZEN OF WE		WIDOWED [EVER MARRIED DIVORCED	Alle		WE
0	Cumber	land	Memoria	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) LI HOSPITAL		EC EC	SUAL OCCUPATION (1 DR MOST OF WORKING LIFE) etired Cari	OR INDUSTRY	ESS
5 USI	STATE Md.	IF IN NURSING HOME COUN	or other institution, GI ITY Bany	residence before admission in City or Town Cumberland		CITY LIMITS? 13e. S'	reet address ute 1, Box	167 Mt. Savage	Rd.
0	FATHER'S NAM	Hyland F		LAST		ertrude	ME	LAST	
1 160	WAS DECEASI (YES, NO, OR UNKN	ED EVER IN U.S. ARI OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY			etzner, Cum	ss berland, Wife	
	18. CAUSE (EATH WAS CAUSE	ly ane cause per line D BY: TE CAUSE (o)	far (a), (b), and (c).)	conary Occ	clusion		APPROXIMATE INTE BETWEEN ONSET AND SUDDEN	RVAL
	gove couse (d	ans, if any, which rise to immediate a) stating the under- use last.	(b)	AS A CONSEQUENCE CORON AS A CONSEQUENCE O	ary Scler	rosis			
NO	PART 2 OTHER :		(c)CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN IN PART 1 (a).			
SERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION WAS PERFO	RMED?		ZD. AUTOPSY?	o K
3	210 EXTERN UNDERLYIN CONTRIBUT	ING CAUSE OF	DEATH P.M.	MONTH DAY YEAR		Y OCCURRED LENTE	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE DAT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	211, LOCATION STREET	(a)	CITY OR TOWN	COUNTY	STATE
		tify that I took charg	e of the remains descral causes	Accident , Suid		Inspection ,	Inquiry X,	and in my apinian],	
2	ACTUAL SIGNATURE	NAME Dr.	Benedict	Skitarelic	M.D. Dep	outy ME	Land, Md.	DATE SIGNED 5-18-1980	0
	(TYPE OR PR	INT)			ADDRESS				
23a.	Burial Burial	ATION,REMOVAL 2	5-20-1980		Memorial		LOCATION TY OR TOWN	Allegany May	

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		. in a rest	* '	Tames 2. A

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Clothing Store 828 Camden Avenue Gros Lions Manor Nursing Home, Cumberland, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH W mi PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNT STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 221. DATE/SIGNED STATE CUMBERLAND 5-11-80 EASTVIEW CEMETERY BURIAL 24 FUNERAL DIRECTOR CORESS 230 BALTIMORE AVED DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE LEASURE-STEIN FUNERAL HOME, INC. CUMBERLAND, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY

You have the same the same that the same tha 2.0

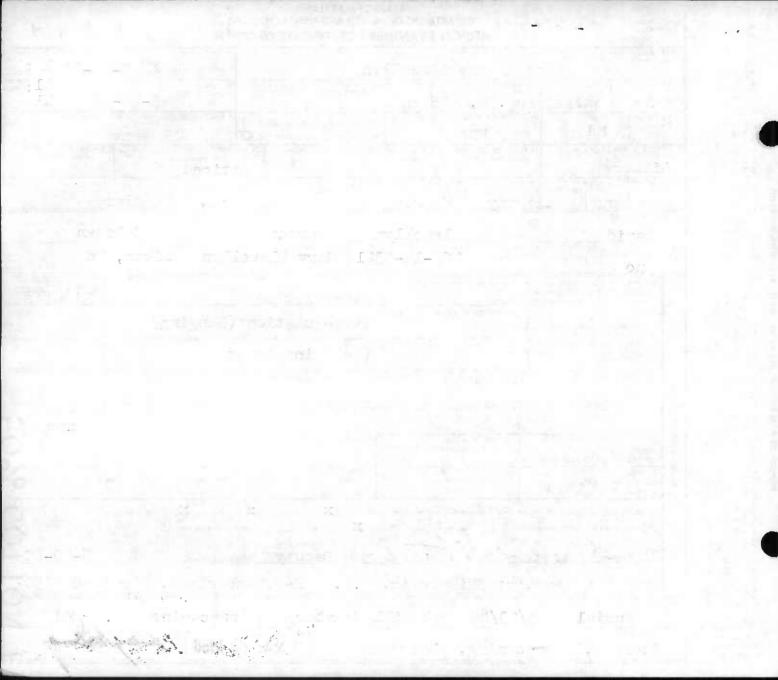
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NICESSARY PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM 18. GIVE PAGES 1.2. AND 3.10 THE PENERAL DIRECTOR. PAGE 4. SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PAGE 1.2. AND 3.10 THE PAGE 7.00 FILES. TO FUNERAL DIRECTOR: PAGE 3. SHOULD BE FILED. AND 2.5 HOULD BE FILED. AND 2.5 HOULD BE FILED. AND 2.5 HOULD BE FILED. AND 2.5 HOURS SHOULD BE FILED. AND 2.5 HOURS SHOULD BE FILED. AND 2.5 HOURS SHOULD BE FILED. AND 2.5 HOULD BE FILED. AND 3.5 HOURS SHOULD BE FILED. AND 3.1201 PRIOR TO BURIAL, CREMATION, OF HEMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

1,	FOR			F HEALTH AND MENTAL	HYGIENE	1 2 4
11-	STATE REGISTRAR		MEDICAL EXAM	NER'S CERTIFICATE	OF DEATH REG. NO.	104
	CEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNOWN A MO	
1	E OR PRINT)	CARLA	MARIE	LILLY	OF ESTI-	4 1980
3. SE	(DATE OF BIRTH ONTH DAY YEAR LAST BIRT		R 24 HRS. 2c. DATE MON PRONOUNCED	14
f	emale	white A	ug. 25, 1970 9	YRS.	DEAD	5 4 1,80
	RTHPLACE (ST	ATE OR 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED X PALTIMORE CITY OR CO	
	Delaw		u. s. A.	WIDOWED DIVOR	CED Allegany Cour	
	ITY OR TOWN		NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES acred Heart Hosp	ME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
	mber lan		acred Heart Hosp:		None, Student	None,
13a. S	TATE aryland	136. COUNTY Allegar			x 38 N. Beldir Dr	•
14. F	ATHER'S NAME	MI	DDLE LAST	15. MOTHER'S MAII	DEN NAME MIDDLE	LAST
	Patrick	ster Ster	ohen Lilly	Mary	R.	Ford
	WAS DECEASES ES, NO, OR UNKNO NO,	D EVER IN U.S. ARMED WN) (IF YES, GIVE WAR (Mr. Patr	ick S. Lilly, 138	Cumb. Md. N. Bel Air
NO	lying cau		DUE TO, OR AS A CONSEQUENCE (c)		PART 1 (a)	
1 ¥	19a. DATE OF	OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20 AUTOPSY?
I H						YES 🖾 🗈
MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR NG CAUSE OF DEAT	216. TIME OF INJURY HOUR 30%. MONTH DAY YY 5:30.m. 5-4 15		RED (ENTER NATURE OF INJURY IN ITEM 18 PART I (${f 31ed}$	DR PART 2]
MEDI	21d. INJURY C WHILE AT WORK	OCCURRED NOT WHILE X	218. PLACE OF INJURY (AT HOME STREET, FACTORY FARM, ETC.) IN a wilderness		^{спү ок т} Ситьетlar	id, Maryland
		y that I taak charge af	the remains described above, held an auses , Accident , Accident ,	Autapsy X, Inspect Suicide , Hamicide X TITLE (SPECIFY) M. Assistant	Undetermined manner ,	ATE 5-4-80
23a.B	EXAMINER'S (TYPE OR PRIN	NAME Marga	rita A. Korell, I	M.D. ADDRESS 111	Penn Street	
(SPECIFY)			emorial Gardens	- CITY OR TOWN	legany Mary
	UNERAL DIREC	TOR		01500 ISS DAT	REC'D. BY REGISTRAR 256. REGISTRAL	
H.	Wayne	George 202	Greene St. Cumb	erland. Md.	MAY 1 3 1984	/ /

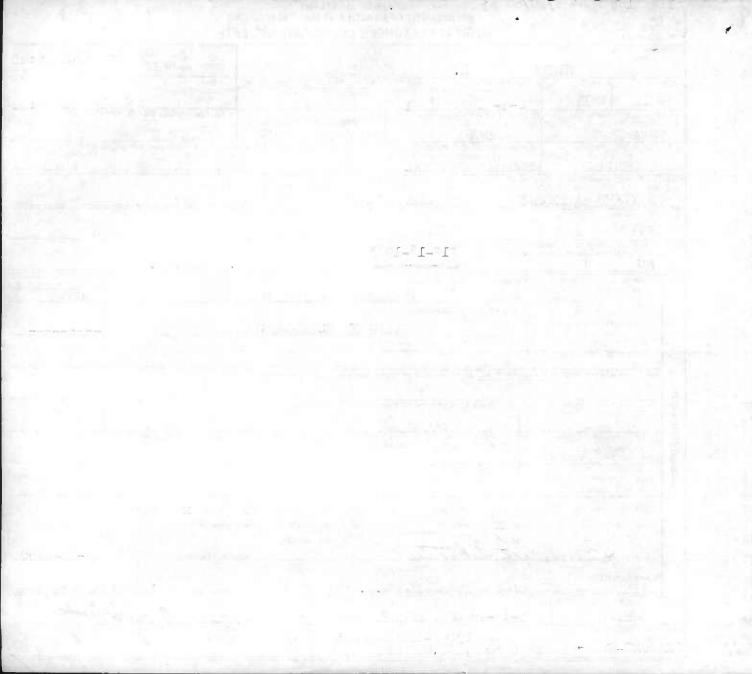
combine described described in the state of the state of the state of and the state of t

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR	execute the certificate, writing the word "pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the Funeral D	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YO	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 7	after Death, with the State Department of Health and mental Hygiene, Division of vital Records, 301 w., prestoi	BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
•	O MEDICAL EXAMINER:	XECUTE THE CERTIFICATE,	AGE 4 SHOULD BE FOR	O FUNERAL DIRECTOR:	FIER DEATH, WITH THE S	ALTIMORE, MARYLAND, 21

			ATE OF MARYLAND		
1-	FOR STATE		HEALTH AND MENTAL H	EDEATH	1349
	REGISTRAR CEASED NAME FIRST	MIDDLE	(AST	20. DATE KNOWN (7) MON	NTH DAY YEAR 25. HO
(TYP	PE OR PRINT) Jam	es Alpine Llewel	lvn	OF ESTI-	7 700
3. SEX		5. DATE OF BIRTH 6. AGE (IN Y	EARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MON	TH DAY YEAR THE
I	Male White	Aug. 30, 1925 54	PAY) MONTHS DAYS HOURS	PRONOUNCED 5-20	0-80 19 11A
70. 81 FC	IRTHPLACE (STATE OR DREIGH COUNTRY) Md	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9. BALTIMORE CITY OR CO	UNTY OF DEATH
10.0		USA	WIDOWED DIVORC		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
	GILMORE AL RESIDENCE (JE IN NURSING HOME O	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS.	SION	Retired	
13a. S	STATE 136 COUN	TY - 13c. CITY OR TOWN		R#1. Frost	21172 67
	ATHER'S NAME	Legany Gilmore	15 MOTHER'S MAIDE	NAME	
	PRST	Llewell's	FIRST	MIDDLE	leman
	WAS DECEASED EVER IN U.S. AR		TY NO. 17. INFORMANT	ADDRESS	
	no	705-14-0	0321 Gary Ll	ewellyn Nikep	, Ma
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	lly ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		TE CAUSE (a)	Asphyxiatio	n	Minutes
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE	of Strangulati	on (Hanging)	
	gave rise to immediate cause (a) stating the under-		OF 4	,	
	lying cause last.	(c)	(Self infli	cted)	
	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
NO.					
ICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
RTIF	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY			YESKIX NO
I CE	UNDERLYING OR	HOUR A.M. MONTH DAY YEA	AR ZIG. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART) O	DR PART 2]
MEDICAL CERTIFICATION	CONTRIBUTING CAUSE OF I	DEATH P.M. 19 21e PLACE OF INJURY (AT HOME,	21f. LOCATION		
ME	WHILE NOT WHILE C	STREET, FACTORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STAT
		ge of the remains described above, held an	Autopsy , Inspection	n . Inquiry . and in m	
			vicide X, Hamicide .	Undetermined manner	y apinian
	1	1 100	/ TITLE (SPECIFY)		
	SIGNATURE DELLE	del Akilard	CE M.D. Deputy	MEDICAL EXAMINER SK	TE 5-20-80
d	EXAMINER'S NAME ROD	odiat Chitanalia	M D D#0	Cumberland Mar	nuland 2150
		edict Skitarelic		Cumberland, Man	
1122 - P			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
23o. B	URIAL, CREMATION, REMOVAL 2 SPECIFY) Burial	5/23/80 Oak Hi	11 Cemeterv	Lonaconing	COUNTY MOSTATE
{	Burial UNERAL DIRECTOR	5/23/80 Oak Hi	ll Cemetery [250. DATE F	Lonaconing REC'D. BY REGISTRAR AY 2.3.1980	A. Md



		em 16b g544 67		STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE	5 0
		STATE REGISTRAR		MINER'S CERTIFICATE		
Ì	I. DEC	EASED NAME FIRST OR PRINT)	MIDDLE .	LOHR	20. DATE KNOWN OF MONTH OF ESTI-	19 80 25 HOUR
100	3. SEX	4. RACE ALE WHITE	IS. DATE OF BIRTH I6. AGE		ER 24 HRS. 2c. DATE MONTH PRONOUNCED DEAD	DAY YEAR 2d. HOUR
	7a. BIF	RTHPLACE (STATE OR FEIGH COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RRIED 9. BALTIMORE CITY OR COUN	
		Y OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD MEMORIAL HOSPITAL	RESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RET, MINER	12b. KIND OF BUSINESS OR INDUSTRY COAL
I	13a. S1	L RESIDENCE (IF IN NURSING HOME OF ATE 13b, COUN ARYLAND ALLEO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
		THER'S NAME IRVING	MIDDLE LAST LOHR	15. MOTHER'S MAI	DEN NAME	OHR LAST
	16a. W	AS DECEASED EVER IN U.S. AR. S. NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		ATZER. BALTO,MD.	
		PART I DEATH WAS CAUSE	TE CAUSE (a) C DUE TO, OR AS A CONSEQUE (b) C	ORONARY OCCLUSI NCE OF ORONARY SCLEROS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEM
	NC	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO OEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
	MEDICAL CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 9 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR P	'ART 2)
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME, 21f. LOCATION STREET	CITY OR TOWN CO	OUNTY STATE
			ge of the remains described above, held ral couses (X), Accident (I),	an Autopsy , Inspect Suicide , Hamicide TITLE (SPECIFY)	Undetermined manner , DATE SIGN	
2			MINDTOT SKTTARBITE	M.D. ADDRESS RT#9	BALTIMORE PIKE.CUMB	, MD
l		RIAL, CREMATION, REMOVAL 12 BURIAL	236. DATE 236. NAME C 5-18-1980 HILLO	F CEMETERY OR CREMATORY REST BURTAL PARK	23d LOCATION CITY OR TOWN CUMBERLAND	STATE?
- 1		neral director Name ASURE—STEIN FUN	ADDRESS 230 BALT WERAL HOME, INC.CUM	TMORE AVE. 250. DAT	ERECTO BY 9816 RAR 28 REGISTIAR'S	SIGNATURE



	1-	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. NO	0.	3 :	5
1 (80)		CEASED NAME FIRST CE	CIL G. LO	NG	LAST	MAY 24,		Y YEAR	25. HOUR 8:15 Am
ge 4 may	3 SE)	Male	White	Augu	of Birth 027,1896	6. AGE JIN YEARS LAST BIRT	HDAY)	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Para direction of 172 hours direction of 172	_ ((RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWI	DENEVER MARRIED	Allegany	R COUNTY C		MD.
by the formal of	10 CI	TY OR TOWN OF DEATH JMBERLAND	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME (12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O Custodia	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
within 24 hou tely filled in E should be fille examiner muy	13a S	TATE IS COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW NETSET Weller	/N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS		Венос	
couted with		THER'S NAME	MIDDLE LAST	0002	IS MOTHER'S MAIDEN NAME FIRST	MIDDLE		(AS	T
h and cor Pages 1 and cor the med	16a V	VAS DECEASED EVER IN U.S. AR			17 INFORMANT Cecil Leon	ADDRE		urg,	Pa.
ertificate physicia papers. F emoval.			nly ane cause per line far (a), (b), ar ED BY: Acute TE CAUSE (a)	Left	Ventricular	r Failure		BETWEEN O	MATE INTERVAL DINSET AND DEATH
it the death cert the attending ph move carbon pa emation, or rem other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU		ed arterios disease			vascu	lar
jury, or		underlying cause last	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO						days
te faw rec	ATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	non	e	20g AUTOPSY?		WERE FINDIN	
an. an. icate has b sit permit. ygiene pri	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING			1216 HOW INJURY OCCUR	YES NO	YES		OF DEATH?
HYSICI, physici physici is certificial-trans dental H or Item	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19		KED (ENTER NATURE OF INJUI	RT IN TIEM TO, PAR	TORPARIZ)	
DING Patternding After the bust the bust the and Mand Ith and Mand Mand Mand Mand Mand Mand Mand	MED	WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	-	21f LOCATION STREET	CITY OR TOV		COUNTY	STATE
ATTEN pital or a ECTOR: for use a c. of Heal		224.1 certify that (I) (this hasp saw the deceased alive or above (I) Libb (did) (did in	ital) attended the decease 14 cam.	- 80 -	nd that in (my) (aur) apinian	death accurred on the de	ate and have	and from the	that (I) (we) last causes stated
TAL CAR the hosp AAL DIR detached ate Dept ate Dept		G. Overton	Himmfortspt,			MEDICAL STAI	IAN 🗌		SIGNED 24-80
TO HOSPITAL: retained by the It TO FUNERAL Cannot be detected with the State DIMPORTANT: I		DR. WILLIAM			220 ADDRESS 441 CUM	N. CENTRE BERLAND, N		21502	
Bb To William MA	23a. E	BURIAL, CREMATION, REMOVAL Burial			Cemetery or crematory	234 LOCATION CITYORTOWN	unas	ounty OMers	state
DHMH-16 25M (VRA 15, 4) 1/79		JNERAL DIRECTOR	gler, Hyndman		. 15545 S. DAT	Wellerst ERECTO BY REGISTER UN 2 1980	236. REGISTR	ars signat	Mesody

STATE OF MARYLAND

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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAFT EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO THE CHURE ALD DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTING ARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

BP. DHMH - 17 (VR A15 ME (5)) 15M7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3 5

- :	FOR STATE REGISTRAR				MENT OF				Z 1 2	4	REG. NO.	3	5	2	
	EASED NA	ME FIRST James	Τ.	WIDDLE	Маот	uder	ST.		[2	OF DEATH M	ESTI- XX	жолтн 5-3	DAY Y		л. но 7а
3. SEX		4. RACE 5.	DATE OF BIRTH		& AGE (IN YE	ARS IF U	DER 1 YR.	IF UNDE	R 24 HRS. 2	c. DATE		MONTH	DAY		d. HO
36	-1 -		09-15-1	YEAR		RS. MONT	HS DAYS	HOURS	MIN. F	RONOUNCE	ED 5	-3-80)	6:3	7a
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		ton, D.C.	. NAME OF HOS		DCINC HOM	WIDOV		DIVOR		AL OCCUPA	_	-	2h KIND C	EBLICIA	IECC
Cur	mberl	nd wax	Sacred	Hear	t Host	oital	IEK INSTITU	TION	FOR M	ost of working	G LIFE)		OR INC	USTRY	(ESS
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14. FA	James James	A	IDDLE		uder		F	ER'S MAID FIRST MOVLU	DEN NAME	MIDD	LE	0'1	Brien		
60. W	VAS DECEA	SED EVER IN U.S. ARMEI	FORCES?		IAL SECURIT	Y NO.	17. INFOR		wife		ADDRESS		. DOCIT		
No	ES, NO, OR UNK	(IF YES, GIVE WAI	OR DATES)	577	-05-81	164	Mary	F N	lagrud	0 #	sam	e as	13		
	18. CAUSE PART I	OF DEATH (Enter only of DEATH WAS CAUSED B IMMEDIATE (r:	for (o), (b), ond (c).)		CORO			MBOSIS					ERVAL D DEA
Š	gave cause	tions, if any, which rise to immediate (o) stoting the under-cause last.	(b)	AS A CON	ISEQUENCE	OF	CORO	NARY	SCLE	ROSIS			==	==	
	2127 2 27117		(c)												
Z	PARI Z UTHE	R SIGNIFICANT CONDITIONS CON	IKIBUTING TO DEATH I	BUT NOT RELA	TED TO THE TERM	AINAL OISEAS	E OR CONOITIO	N GIVEN IN P	PART I (a).						
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MEDICAL		Y OCCURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACT				CATION			CITY OR TOWN		COUN	ity		STATE
		12.	the remoins descrauseXXX	Accident		Autop	Hamid	PECIFY)		Inquiry X	ier ,	DATE	5-3-8	80	
	EXAMINER (TYPE OR P	'S NAME Benedi	ct Skita				ADDRESS_		Cumber	land,					
230.BL	JRIAL, CREA	MATION, REMOVAL 23b.	DATE	23c. N	NAME OF CE	METERY C	RCREMATO	ÖRY	23d. LOC	RTOWN		COUNT	Υ	STATE	
	Burio	il M	u 6.198	n Ce	dar H	ill c	embto.	HU	Sui	tland	a P		200	Md!	3
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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please rowith the State Dept. of Health and Mental Hygiene prior to burial, or

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	CATE OF D	EATH	REG.	NO.				
DECEASED NAME (TYPE OR PRINT)	Lue	lla ((R.) Ruth	Mat	tingly		20 DATE OF DEATH	MONTH	DAY . 19	YEAR 80	26. HOU 7:4	JR 15PM
3 SEX		4 RACE		5. DATE O			6. AGE (IN YEARS LAST B		IF UNDER		# UNDER	- 7K
Female			ite	"To	29"	93"	86	YRS	MONTH5	OAYS	HOURS	MIN.
Maryland O CITY OR TOWN OF DE		Us	WHAT COUNTRY? A HOSPITAL, NURSIN	WIDOWE		ORCED	9 BALTIMORE CITY Allega	OR COUN	TY OF DE		F BUSIN	MD
Cumberla		(IF NOT IN SU	CHEACILITY, GIVE STREET, Manor Nu:	ADDRESS)		HUHON	(TYPE OF WORK FOR MOST		LIFE) INDI	ustry Ome	IL ROZIN	ESS OK
USUAL RESIDENCE (IF NUR 130 STATE	SING HOME OF		, GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS	5				
Md.		legany	Cumber		YES 🙀	NO 🗌	126 Se		str	eet		
4 FATHER'S NAME		MIDDLE	LAST			MAIDEN NAMEST	ME		Smi	LAS	ī	
George Mas Deceased Even	IN U.S. AR	MED FORCES?	Specht 166 SOCIAL SECU	RITY NO	17 INFORMAL	FITSON	Manor Nur	RESS	5017	ER_		
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-74-	2653			Manor Nur Drive. Cu				045	-00
PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO E	A S H	-65111	1 Jan	TWALDISEASE OR CO	20%. IF Y	YES, WERE TIFYING C	FINDIN	NGS USE	TH?
210. ACCIDENT WAS UN OR CONTRIBUTING (#FEITHER, NOTIFY MEDIN 21d. INJURY OCCUR	CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY TREET, FACTORY, OFFICE, F	19	211 LOCATIO		RED (ENTER NATURE OF IN		8, PART 1 OR I			STATE
AT WORK				OV A	12	- 00						
	ed olive on	40 0	2, 198			(our) opinion	death occurred on the	date and h		om the		toted
226. SIGNATURE	ia	Joski	K	7	DEGREE	TTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF SICIAN D	2	TA	SIGNED	
22d. PHYSICIAN'S N					ADDRES	Lion	s Manor N	ursin				
John		opper.	M.D.	LAME OF C	L.		n Drive, C	amper	rand.	Mo	0. 2	150
230 BURIAL, CREMATION (SHECKY) Burial	, KEMOVAL	May 5			emetery or c		CITY OR TOWN	land	COUNTY			TATE

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S STANDER MAY 7 1980

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

STATE OF MARYLAND

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	REGISTRAR					ALTH AND MENTAL HYG CATE OF DEATH	REG. NO).	0	3 4
1. DEC	CEASED NAME	FIRST	N	MIDDLE	M	a V		5 a	80	26. HOUR 12 4 4
3. SEX			RACE		5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	,	UNDER 1 YEAR	IF UNDER 24
	Female		Whi te			10, 1887	92	YRS.		
CC	IRTHPLACE (STATE OR OUNTRY) est Virgin		CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIO	Allegan		OF DEATH	
10. CI	ity or town of de umberland			HOSPITAL, NURSING		ROTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	WORKING LIFE)	INDUSTRY	OF BUSINESS Home
13a. S	ALRESIDENCE (IF NUI STATE aryland	13b. COUNTY	Y	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN Cumberla		134. IN SIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 221 Union	St.		
		ın Hartî		LAST			ter Ann nmn		LA	ST
16a. V	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME	ED FORCES? (AR OR DATES)	166 SOCIAL SECUR	RITY NO.	Mr. Leslie	ADDRE May, Keyser			XIMATE INTERVA
Ī	Conditions, if on gave rise to in cause (a), stat underlying cou	nmediate ing the	(b) DUE TO, O	R AS A CONSEQUEN						
ATION	gave rise to in cause (a), stat underlying cou	nmediote ling the se lost. GNIFICANT CO	DUE TO, O	R AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	206. IF YES,	WERE FIND	INGS USED
TIFICATION	gave rise to in cause (a), statunderlying cou	nmediote ling the se lost. GNIFICANT CO	DUE TO, O	R AS A CONSEQUEN	NCE OF			206. IF YES,	WERE FIND	
AL CERTIFICATION	gave rise to in cause (a), state underlying course part 2. OTHER SK	mediate ing the se lost. GNIFICANT CO ATION NDERLYING CAUSE OF DEATH	DUE TO, O (c) DIDITIONS CO 19b. COND 21b. TIME C HOUR A	R AS A CONSEQUEN ONTRIBUTING TO DE OFFINIURY M. MONTH DAY	EATH BUT OPERATION Y YEAR		200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH
MEDICAL CERTIFICATION	gave rise to in cause (a), statuments out of the cause (a). Statuments out on the cause (a) and the cause (a) and the cause (a) and the cause (b) and the cause (c) and the ca	mediate ing the se lost. GNIFICANT CO ATION NDERLYING CAUSE OF DEATH COLLEXAMINER)	DUE TO, O (c) 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUEN ONTRIBUTING TO DE OFFINIURY M. MONTH DAY M.	PEATH BUT OPERATION Y YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH NO [
	gave rise to in cause (a), statuments of the state of the	ATION AT	DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST	PER AS A CONSEQUENT INTERPRETATION FOR WHICH CONTROL OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FA	EATH BUT OPERATION Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCUP 216. LOCATION STREET , 1921 and that in (my) (our) opinion	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FIND ING CAUSE TRT 1 OR PART 2) COUNTY ond from th	INGS USED S OF DEATH NO STAT
- 1	gave rise to in couse (a), statumentlying counderlying counderlying counderlying counderlying counderlying counterly contributions contributions contributions counterly mediatives counterlying counter	ATION ATION MDERLYING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CONTR CONTR (I) (this hospito cosed olive an (did) (did not)	DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST	PER AS A CONSEQUENT INTERPRETATION FOR WHICH CONTROL OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FA	EATH BUT OPERATION Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCUP 216. LOCATION STREET , 1921 and that in (my) (our) opinion	200 AUTOPSY? YES NO CITY OR TOTAL TO DECLIFE OF THE DECLIF OR TOTAL MEDICAL STA	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FIND ING CAUSE TRT 1 OR PART 2) COUNTY ond from th	INGS USED S OF DEATH NO STATE

BP. DHMH - 16 25M

etained by the hospital or attending physician.

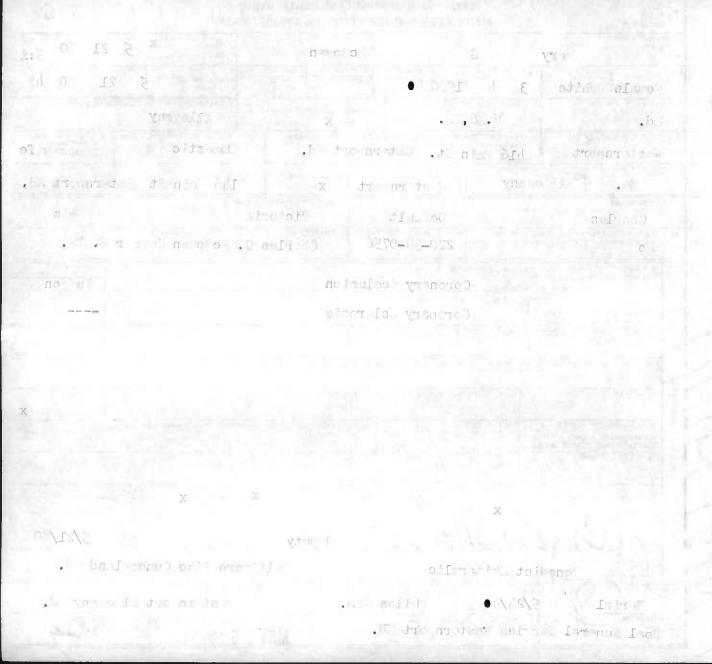
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral tanded be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hould be detached for use as the burial Hygiene prior to burial, cremation, or removal.

(VR A 15 (4)) 9/74

James F. Scarpelli, Cumberland, Md.

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14. F		R'S NAME FIRST Char			WIDDLE		I	eVau.	Lt		15. MOTHE	R'S MAID Victo	EN NAM		MIDD					Met		
160.	WAS YES. N	DECEASE D. OR UNKNO	D EVER	IN U.S. ARA (IF YES, GIVE V			16b. St 22	OCIAL SEC	-075	8.	17. INFORA	harle	s G.	Mc(ADDRE		ser	W.	Va.		
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MEDICAL CERTIFICATION	UN CC 21d WI	INJURY O	NG OCCUR	OR CAUSE OF D RED WHILE	DEATH	Ib. TIME O HOUR A.A P.A Is PLACE STREET, FAC	A. MONT A. OF INJUI	TH DAY	YEAR	îf. Loc	CATION	OCCURRI	ED (ENTER		OF INJURY		18 PAR		OUNTY			STATE
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BP.

(VRA 15, 4) 1/79

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	1		-	Y

							REG. NO.		
100		CEASED NAME FIRST RUSSEI	WIDDIE	METCALF	SP	26. DATE OF DE		DAY YEAR	2h. HOUR
	3. SE		I4 RACE		JK.	MAY /	, 1980	IF UNDER I YEAR	11:4
ò		Male	White	S. DATE OF BIRTH	1913	66		MONTHS DAYS	HOURS I
	7a B	IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A		9 BALTIMORE	YRS.	Y OF DEATH	
32		oMaryland	U.S.A.	WIDOWED DN	ORCED		egany		
50		CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (FNOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOS	PITAL	ITUTION	MECMAHOCO	WATELMORING IN	FE) INDUSTRY	of Busines er Mi
35	We.	st Virginia Mir	or other institution, give residence before NTY 130. CITY OR TOW Piedmon	N 134 INSIDE CI	ITY LIMITS?	13 STREET ADD	RESS dee St.		
79	14. F/	otis M.	Metcalir	Sarah	MAIDEN NA/ FIRST	M		Waxler	ST
3		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? (F WAR OR DATES) 16b SOCIAL SECU 216 - 03 - 1	932 Flizah	eth Me		address iedmont,	W. Va.	
		gave rise to immediate	(0)						
my injury, or oth	NOI	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE		TO THE TERM	INAL DISEASE O	R CONDITION GIV	VEN IN PART 10	(a)
S snows any injury, or our	TIFICATION	cause (a), stating the underlying cause last.	(c)	DEATH BUT NOT RELATED		200 AUTOPS	? 20h. IF YE	S, WERE FINDING CAUSES	NGS USED
-/	CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED OPERATION WAS PERFOI	RMED	YES N	? 20h. IF YE	S, WERE FINDI FYING CAUSES	NGS USED
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-/		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hasp saw the deceased alive or above. (I) (we) (did) (did not or above.)	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFOIL Y YEAR 19 211 LOCATION STREET DEGREE A 22e ADDRESS	JURY OCCURR ON 19 (our) opinion of TTENDING HYSICIAN [5] MEMO	YES NO ED (ENTER NATURE	20b. IF YE IN CERTIN YE STAFF PHYSICIAN DESTAL	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY 19 ur and from the	NGS USED S OF DEATH NO That that (I) (we causes state

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(VRA 15, 4) 1/79

	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGINE REG. NO.)) (
		CEASED NAME FIRST GEN	EVIEVE VIRGI	NIA MEYERS	MAY 9, 1980	7:30 A
6	3 SE	x Female	White	June 24, 1926	6 AGE (IN YEARS LAST BIRTHDAY) IF UN MONTH	DER 1 YEAR IF UNDER 24 I
35	4 9	IRTHPLACE ISTATE OR FOREIGN OUNTRY!	76 CITIZEN OF WHAT COUNTRY? USA	* MARRIED CIKNEVER MARRIED CI	BALTIMORE CITY OR COUNTY OF	DEATH
250		JMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HO	NG HOME OR OTHER INSTITUTION ADDRESS!	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) General Work	N. KIND OF BUSINESS Textile
The manual of th	130	Md. Alle		nd YES TO 134. INSIDE CITY LIMITS?	109 Humbird St.	
11 Og	14. F.	Joseph H	. Richard	15. MOTHER'S MAIDEN N	ora J. Hufff	LAST
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2	23a	BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OR CREMATORY Llcrest Burial Pa	Y 236 LOCATION	TY STATE
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STATE OF MARYLAND

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CUMBERLAND ... MEMORYAL HOSPITAL

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

Page 4 may be

notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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S. BATCH S. DATE OF BRITH MOOTH JAMES JAMES OF BRITH JAMES	1 - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	0 0	5. NO.	1 3 3	5 8	
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ATTENDING PHYSICIAN: pital or attending physician.

STATE OF MARYLAND

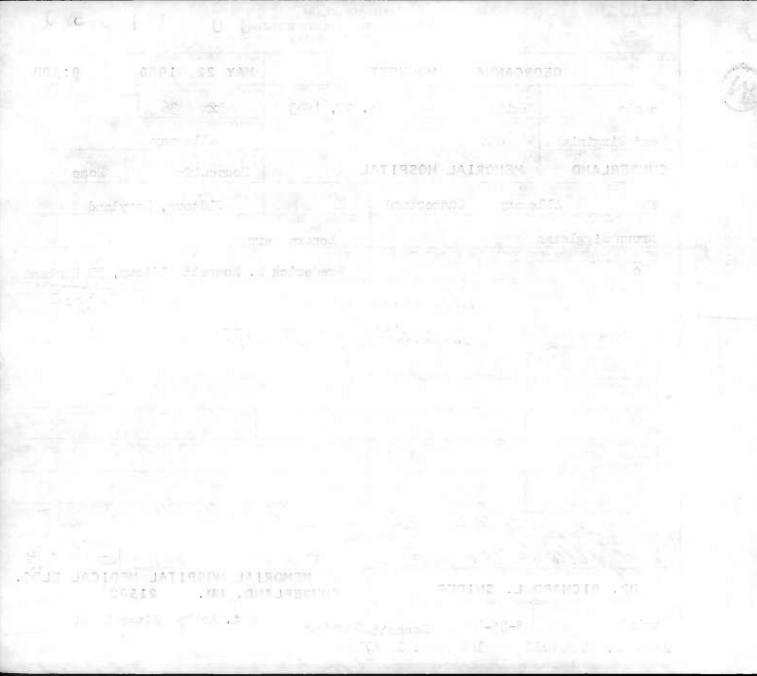
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 ho with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. ST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5. 3. SEX 1. RIPTURI ACE (STATE OF WHAT COUNTY OF CHANGE OF COUNTY	6
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Ruth Munday / Ruth D. Munday DEATH MATED 5 3 3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5 3 7. BIRTHOLAGE (STATE OF MINA) OF MINA COUNTY OF STATE OF MINA COUNTY OF MINA COUNTY OF MINA COUNTY OF STATE OF MINA COUNTY OF STATE OF MINA COUNTY OF MINA COU	1.8.30
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136. COUNTY 136. CITY OR TOWN 13d INSUE CITY LIMITS? 13e. STREET ADDRESS 13e	
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
no 214-28-5269 Mr. Ralph E. Munday, Cumberland	, Husband
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DUE TO, OR AS A CONSEQUENCE OF	Years
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CONTRIBUTING CAUSE OF DEATH P.M. 19	
21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, VIII. LOCATION STREET CITY OR TOWN COUNTY	STATE
AT WORK AT WORK	
220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion	
death resulted fram: Natural causes 🕱, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲,	
ACTUAL BOLL TO DATE 5-	2 00
SIGNATURE Benedicate Retarded M.D. Deputy MEDICAL EXAMINER SIGNED 5-	-3-80
EXAMINER'S NAME : Benedict Sk itarelic, M.D. R#9, Cumberland, Maryland 21	502
(TYPE OR PRINT)ADDRESS	Jo 2
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE
Burial May 6,1980 Restlawn Mem. Gardens La Vale, Allegany Md.	4
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Scarpelli, Cumberland, Maryland	

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1	= STATE REGISTRAR			DEPARTM		CATE OF DEATH	REG. N		3	5 %
	DECEASED NAME (PE OR PRINT)	WILBERT		IDDLE	MUR	RAY	MAY 1,	1980	YEAR	26. HOUR A 5:39 A
3. 5	Male	4	RACE Wh	ite	5. DATE O	DAY - YEAR!	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS AIN
7a.	BIRTHPLACE (STATE COUNTRY)	OR FOREIGN 76		WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	MD.
10	CITY OR TOWN OF		CIENOT IN SUCI	IOSPITAL, NURSING FACILITY, GIVE STREET A IAL HOSP	DORESSI	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Laborer		126. KIND C INDUSTRY	OF BUSINESS OR
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56	FATHER'S NAME FIRST OWON		DOLE	Murray		15. MOTHER'S MAIDEN NA Hattie	MIDDLE	Cart	ter "	1
3 160	WAS DECEASED E (YES, NO OR UNKNOWN NO		ED FORCES?	162-18		Nannie C	. Murrary		Meyer	sdale, 🏖
	18 CAUSE OF D	EATH (Enter only H WAS CAUSED	ane cause per BY:	line for (a), (b), and	101.1			TEMPO	BETWEEN	MATE INTERVAL ONSET AND DEATH
iny injury, or other tool	PART 2 OTHER	immediate tating the ause lost	NDITIONS CO	AS A CONSEQUE	NCE OF	C LENOSIS (4		IDITION GIVEN	7,	01
m 18 shown any	190 DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIFING CAUSES	
0 / 5	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
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T: If Item 21 is	sow the de	ceosed alive on (did) (did not)	Vew the body			d that in (my)(our) opinion	death occurred on the d	ate and hour o		
IMPORTANT		SNAME (TYPE ORP	RINT)	LINO JR		224 ADDRESS MEMO	RIAL MEDI	CAL BL	DG.	
	BURIAL, CREMATI	al	May L			e Ceme	RD3 Meg	rersda"		m. Co Pa
	FUNERAL DIRECTO	R		Meyers	da le,	Pa. ZSo DAT	AY 9 1980	25b. RECISTRA	AR'S SIGNAT	URE

STATE OF MARYLAND

DELI LI YAK 1 YAK 1 TERLIYA COMBET LAND MEMORIAL HOSPITAL TALESCOPE Market State of the Content of the C Ouer uning Huttle (sites MEMORIAL MEDICAL BLOG. OF ANTHONY U. BOLLETT UR. CONSESSAND, VERYLAND 21502 and the state of t . P. . BERNELLES TO THE .

4			OR				AARYLAND I AND MENTAL H	YGIENE	1 1 3	6 3
9			STATE REGISTRAR	MEI	DICAL EXAMI	VER'S	CERTIFICATE O	FDEATH ,	REG. NO.	
			EASED NAME FIRST OR PRINT)		WIDDLE		LAST	20. DATE KNO OF ES	WN XX MONTH	DAY YEAR 26. HOUR
35 9	SE WEST	1	Harle	y	Lee		yne	DEATH MAT	TED 🗆 May	29,980 P. M
NY, PLE	E STATE	Jes.	1. RACE	June 29	6. AGE (IN LAST BIRTH	DAY) MONT	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	May 2	9. 1980 P. M
ECESSA	WHW 85	FOI	THPLACE (STATE OR LEIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	IED X NEVER MARRI	ED .	CITY OR COUNT	
ELAY IS	7952	10. CI	y or town of death Cumberland	11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY GIVESTIFIET ASDRESS HEART HOS	o. 10	O.A.)	120 USUAL OCCUPATION FOR MOST OF WORKING IN OPERATOR		126 KIND OF BUSINESS OR INDUSTRY Tire Industr
F ANY D	RETAIN SECOND	13a. S1	L RESIDENCE (IF IN NURSING HOME OF ATE 13b. COUN Alle	TY	13c. CITY OR TOWN Cumberle		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 307 Un	ion Stre	et
E, MD. 2	AND 2 SAND 3 SAN	14. FA	THER'S NAME FIRST William	WIDDLE	Payne		15. MOTHER'S MAIDE Flora	Jai		Hottinger
AFTER I	TH FORM	(YE	AS DECEASED EVER IN U.S. ARI S. NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	214-07-0		Mrs. Alic	e G. Payne,	307 Uni	erland, Md. on St.
V ST., BA	RMIT. PA		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA)	y one couse per line) BY: 'E C AUSE (a)	far (a), (b), and (c).) CORONAR!	y occ	LUSION			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
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UTED W	EXAMIR EXAMIR RIAL-TRA OR REA		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
ORDS, :	VEDICAL VEDICAL AS A BU LTH AND	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	UMINAL OISEA!	E OR CONDITION GIVEN IN PAI	RT 1 10.		
TAL RECHOULD	USED / US	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION V	VAS PERFORMED?		197	20. AUTOPSY? YES NO X
N OF VII	THE WORLD BE STAKENT OF BURING	AL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY YEA		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	EITEM 18 PART 1 OR PA	
DIVISIO HIS CERTIF	WARIING VARDED TO AGE 3 SHC ATE DEPAR 201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE			OCATION STREET	CITY OR TOWN	co	DUNTY STATE
MINER: T	BE FORW CTOR: P. THE ST H THE ST		220. I certify that I taak charg	e of the remains des		Autor Suicide	lnspection Hamicide	Undetermined manner	and in my ap	pinian
AL EXA	SHOULD SHOULD ERAL DIRE EATH, WIT		ACTUAL BASIS	lict St	Estarele	/ h	TITLE (SPECIFY) A.D. Deputy	MEDICAL EXAMINER	DATE SIGNE	5/29/80
MEDIC	W W W W			edict Ski	tarelic, M.			#9 Balto.Pi	ke, Cumb	,Md.
P.S		B		3b. DATE une 1, 19	23c. NAME OF C Sunset		ial Park	Cumberlane	d, Alleg	any, Md.
/VR	HMH - 17 A15 ME (5)) 5M 7/76		Wayne George 21	02 Greene	St. Cumbe	215 rland	02 Md. 250 JUN	5 1980 RAR 21	St. REGISTRAR'S	SIGNOSTIBE

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STATE OF MARYLAND

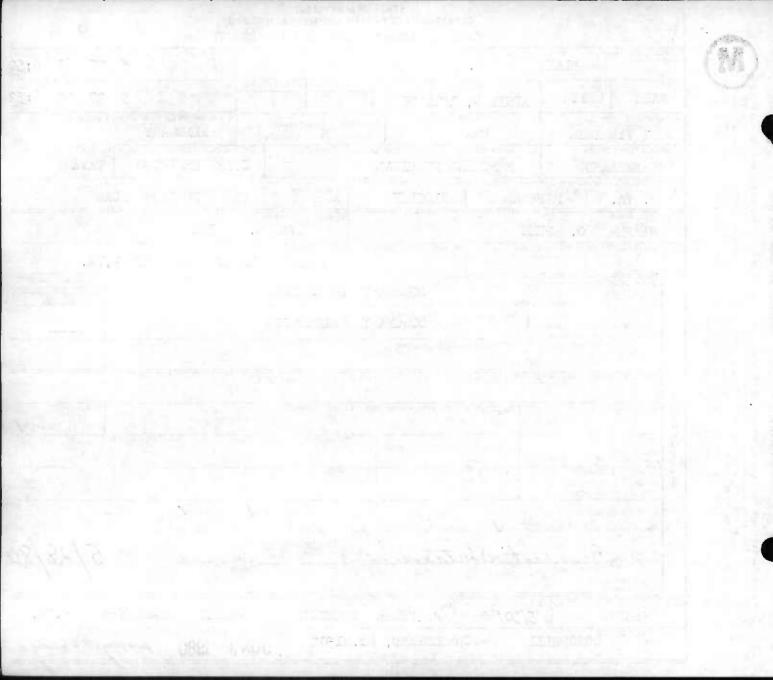
21201 PRESTON ST., BALTIMORE, MD. FOR

24. FUNERAL DIRECTOR

DHMH-17

(VR A15 ME (5)) 15M 7/77

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MONTH 2b. HOUR 6;52 2d. HOUR 80 6:52 9. BALTIMORE CITY OR COUNTY OF DEATH LAST W. VA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN 20. AUTOPSY? YES NO W STATE COUNTY and in my opinion SIGNED W SWA 25b. REGISTRAR'S SIGNATURE 25e. DATE REC'D. BY REGISTRAR 198



DHMH-16 25M

(VRA 15, 4) 1/79

		REGISTRAR	
(M)		CEASED NAME FIRST Annie	
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dire dire	7a. B	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF
dealin 72 h	C	"Lonaconing, MD	. USA
ter ter	10 C	ITY OR TOWN OF DEATH	11. NAME OF
hours after d in by the fun filed within		Frostburg, MD.	Frost
thou d in b	USU.	AL RESIDENCE (IF NURSING HOME OF	
n 24		Md All	egany
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cuted within 24 ompletely filled and 2 should be edical examiner			MIDDLE
e be executed an and comple Pages I and 3		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)
TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deetin. Page 4 retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (D BY: TE CAUSE (o) DUE TO, C (b) DUE TO, C
I: The la	TIFICAT	190 DATE OF OPERATION	196 CONE
NDING PHYSICIAN: The I attending physician. :: After this certificate has b as the burial-transit permit, with and Mental Hygiene pri st marked or Item 18 shows	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	
DING PH trending After thi s the buri th and M marked o	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e PLACE (AT HOME, S
TO HOSPITAL ATTENDING PHYSICIAN etained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificathould be detached for use as the burial-transit with the State Dept. of Health and Mental HygIMPORTANT: If Item 21 is marked or Item 18		22e. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	57
TO HOSPITAL ON AT retained by the hospital TO FUNERAL DIRECTOR Should be detached for with the State Dept. of IMPORTANT: If Item		226 SIGNATURE	feelt
d by NEI		224. PHYSICIAN'S NAME (TYPE O	PRINT)
TO HO TO HO TO FUI Should I		Dr. A. Roqu	e
Shirt Tea	22.	DUDIAL CREATION PENGUIN	TANK DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 2b. HOUR S Rankin 5/18/80 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 92 07/DAY MONTHS OAYS 87 te **BALTIMORE CITY OR COUNTY OF DEATH** WHAT COUNTRY? MARRIED NEVER MARRIED Allegany WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Meysiry Mill (TYPE PE WORK EDILMOST OF WORKING LIFE) CH FACILITY, GIVE STREET ADDRESS) burg Community Hospital GIVE RESIDENCE BEFORE ADMISSION 13a STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21 St Rt 36 N Lonaconing NO X 15 MOTHER'S MAIDEN NAME MIDDLE Scott Rankin Annie ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 214-16-2267 J Mallery, Frsotburg Community Hospital APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH r line for (a), (b), and (c) OR AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 104 IF YES, WERE FINDINGS USED DITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO I OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR 211 LOCATION OF INJURY CITY OR TOWN COUNTY TREET, FACTORY, OFFICE, FARM, ETC.) STATE he deceased from and that in (my) (our) apinion death accurred on the date and have and from the causes stated after death DEGREE 22c. DATE SIGNED, MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Dr. A. Roque Broadway, Frostburg Md. 21532 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Md Cemetery Moscow 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Eichhorn Funeral Home Lonaconing, Md

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FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	0 0	G. NO.	1 3 6	6
1 DECEASED NAME	FIRST		MIDDLE		LAST CODOET	26 DATE OF DEAT		DAY YEAR	26. HOUR
	EVA		М.		NSCROFT	MAY 31,			1:10 €
3. SEX	1	RACE		S DATE (6. AGE 11N YEARS LAS	T BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female		Whi+	е	Jan.	9, 1903	77	YRS		
76. BIRTHPLACE (STATE OR) COUNTRY) PA	FOREIGN 1	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	Allega		ITY OF DEATH	MD
CUMBERL			HOSPITAL, NURSIN		TAL	126 USUAL OCCU (TYPE OF WORK FOR MI HOUSEW	OST OF WORKING		OF BUSINESS OR
USUAL RESIDENCE (# NUE 130 STATE MD	136 COUNT	Υ	GIVE RESIDENCE BEFOR 13. CITY OR TOW Cumberl	/N	134. INSIDE CITY LIMITS?		alley	View Av	e.
Adam Smit		IDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Martha Ja	ane Smith		AD LAS	31
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		NED FORCES?	166 SOCIAL SECU	JRITY NO	Mary France		Oress Cresar	otown, M	
18 CAUSE OF DEAT	TH (Enter only	ane cause per	line for (a), (b), ar	nd (ch)	(APPROX BETWEEN	ONSET AND DEATH
Canditions, if any gove rise to imcause (a), state underlying cause	mediote ing the	(b)	RAS A CONSEQUERAS A CONSEQUE	cence	1 anteriosiler Uce	ander D'	sece	gr	ha.
	DI elet		CIPIEL O		NOT RELATED TO THE TERM	WWW EV	· Ed1	renti	
190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CER	YES, WERE FINDI RTIFYING CAUSES YES []	
OR CONTRIBUTION	CAUSE OF DEAT	"	DE INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF	INJURY IN ITEM 1	IS, PART I OR PART 2)	
I F EITHER, NOTIFY MEDI	WHILE	216 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
220 I certify that (I saw the decea above, (I)	sed olive an	5/	30/50 10		ind that in (my) (aux) apinion	death occurred an t	he date and h		that (1) (we) lost causes stated
226. SIGNATURE	9/	Car.	lach		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [274 DATE	SIGNED S
224 PHYSICIAN'S N	AME TYPE OR	PRINT)	/		22e ADDRESS 133	VIRGIN:	IA AVI	E.	
DR. OV	ERTON	HIMME	ELWRIGH	Γ	CUN	MBERLAND	MD.	21502	
230 BURIAL CREMATION (SMC(FY) Burial	I, REMOVAL	236. DATE 6-3-			cemetery or crematory awn Cemetery	234 LOCATION CITY OR TOWN	_	COUNTY Allegan	STATE MD

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

ATTENDING PHYSICIAN: The law ital or attending physician.

24 FUNERAL DIRECTOR JAMES SCARPELLI

ADDRESS CUMBERLAND ery Cumberland Allegany

256. DAJE REC'T BY RETURN 256. REGISTRAN'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
INIG	TO HOSPITAECH ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After the hould be detached for use as the vith the State Dept. of Health a

with the State Debt. or received on them 18 shows any injury, or other traumatic event, the medical examiner of

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

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FOR STATE REGISTRAR		DEPAR		EALTH AND	MENTAL HYG DEATH		REG. NO.	13	5 /
(TYPE OF PRINT)	FIRST	MIDDLE	U	AST		20. DATE OF DE	HTMOM HTA	DAY YEAR	25. HOUR
	MARY	E.	RIC	E		MAY	19,	1980	3:15Pm
3. SEX	4 RACE		5 DATE O		NE AB	& AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY	
Female	Whit	е	MONTH 11	18	1904	75	YR		HOURS MIN
7a. BIRTHPLACE (STATE OR FORE COUNTRY) West Virgin:		WHAT COUNTRY	MARRIED		MARRIED		city <u>or</u> cou lleganj	NTY OF DEATH	MC
CUMBERLAND	LIE NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STAE RIAL HO	ING HOME O	R OTHER INS	NOITUTIT	12e USUAL OC (TYPE OF WORK FO House	CUPATION R MOST OF WORKIN WIFE	IZII. KIND INDUSTR HOM	OF BUSINESS OR Y 1 e
USUAL RESIDENCE (IF NURSING 130 STATE 13	home or other institution COUNTY Llegany	GIVE RESIDENCE BEFO 134. CITY OR TO Cumbes	WN	134. INSIDE	CITY LIMITS?	13. STREET AD	outh St	treet	
John W. St	otler	LAST			S MAIDEN NA			ŧ	AST
(YES, NO OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SEC		17 INFORM			ADDRESS		
No	TES, OTTE TIAN ON DATES	219 46	2450	Wal	Lter R.	Rice C	umberla	and, MD	Son
PART 2 OTHER SIGNIF	the lost (c) CANT CONDITIONS C		O DEATH BUT						
190. DATE OF OPERATION	D (11	ACCUMULA		Mon			ON CE	YES, WERE FIND RTIFYING CAUSI YES	ES OF DEATH?
00.000110.0110.00	ISE OF DEATH HOUR A		BAY YEAR			RED (ENTER NATUR	E OF INJURY IN ITEM	118, PART 1 OR PART 2	
WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCAT	ON	CI	IY OR TOWN	COUNTY	STATE
	nis haspital) attended to alive on 5 / 1) did port view the body		1	a that in my) (our) opinian	death occurred o	n the date and	hour and from th	n, that (I) (we) los
226 SIGNATURE	USI	ude	0	DEGREE	ATTENDING PHYSICIAN			5	E SIGNED
DR. RICH		NIDER				IAL HOS		MEDICA 21502	
Burial, CREMATION, RE (SPECIFY) Burial	MOVAL 236 DATE 5-22-		Hiller		CREMATORY urial I	23d LOCATK CITY OR TO	ww erland	ATTega	any MD
JAMES F. SC	ARPELLI	CUMBERL.			MAY	2 6 198	ISTRAR 15 LAC	Fry Me	TURE yearly

19, 1055 CUMBERLAND MEMORIAL HOSPITAL HOUSE PO HOUSE "Ilegany Cum eriand & In South street." Accor. V. Mercell donn . . total

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	The contract of the contract o
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funne of fluid the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fluid within 31 incomparing with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.	26. 12
IMPORTANT: If Item 21 is marked or Item 18 shows any rijury, or other traumatic event, the medical examine, must be notified at once.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	0 0	1		
1. DECEASED NAME	FIRST		MIDDLE	ı	AST		MONTH DAY	YEAR	2b. HO	UR	
	PHIL	LIP	LESTER	R	RIGGLEMAN	MA		1980			
3 SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDE	R 24 HRS	
Male		Whi	te	Feb		74	YRS				
76. BIRTHPLACE (STAT	TE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	FDEATH				
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Cumberla:		(IF NOT IN SU	HOSPITAL, NURSIN CH FACHITY, GIVE STREET D HEART H	ADDRESS)	OR OTHER INSTITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		126. KIND C INDUSTRY Mech			
USUAL RESIDENCE (130. STATE W.Va.	136 COL		Ridgeley Ridgeley	N	134. INSIDE CITY LIMITS? YES 🛣 NO 🗌	136 STREET ADDRESS 33 Potom	ac St.				
14 FATHER'S NAME FIRST HE	arvey L	. Riggle	man		15 MOTHER'S MAIDEN NA	Rosetta S	chaffer	C	ST		
160 WAS DECEASED		RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR					
no	(1112)		214-05-	5761	Mrs. Elsie	Riggleman,	Ridgele	ey, W.V	a.Wi	fe	
underlying PART 2 OTHER	any, which immediate stating the cause last	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	ACCIA	IDITION GIVEN	VIN PART 10			
RTIFIC				OPERATIO		YES NO	IN CERTIFYI YES	NG CAUSES		TH?	
OR CONTRIBUTING	G CAUSE OF D	EATH HOUR A	.M. MONTH DA .M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)			
21d INJURY OF	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE	
saw the d	eceased alive a		ne deceased fram		nd that in (my) (aur) apinion	death occurred on the d		and fram the			
226. SIGNATUR	woch	3 Auni	No			MEDICAL STA	FF CIAN 🗌	May May	31,		
BRADDO	•	CAL GROU	JP		912 SETON DR	IVE, CUMBERI	_AND, M	D. 215	502		
23a. BURIAL, CREMAT	ION, REMOVA				EMETERY OR CREMATORY Shby Cemetery	Fort Ash	by, W.Va	OUNTY	s	TATE	

CUMBERLAND, MD. 21502 FUNERAL HOME, 108 VIRGINIA AVE.

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

PHILLIP LESTER RICEL DWG ALTERIA COURTA to the second of TAKE AND THE WIND COMMING AND ADD SCEREGILT FLIERIL DIE, YES VIRCIM NELLE

TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral title should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 should be filled within 72 thurs are with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not illustration.

STATE OF MARYLAND

1 - :	FOR STATE REGISTRAR			DEPARTA		ICATE OF	DEATH		REG. NO.	1 3	0	7	
I. DECE	ASED NAME RPRINT) Wil	FMST lie		entine	Rob	b		20 DATE OF DE		11, 1		HOU!	PAIM PAIM
3. SEX	Female		Cauca	sian	5 DATE C		86	6. AGE (IN YEARS	(LAST BIRTHDAY)			F UNDER	24 HRS MIN.
COU	HPLACE (STATE OR FO NTRY) rkansas	DREIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED DIVORCED		city <u>or</u> cour egany	NTY OF DEAT	Н		MD.
11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lions Manor Nursing Home 12. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF W								CUPATION R MOST OF WORKIN	G LIFE) INDUS	ND OF E	BUSINE	SSOR	
13a ST	RESIDENCE (# NURS ATE ryland	136 COUNT	other institution, ry egany	GIVE RESIDENCE BEFORE 134. CITY OR TOW LaVale	E ADMISSION) N	YES 🔼	CITY LIMITS?	130 STREET AS	Simpson	n Avenu	le		
14 FATE	HER'S NAME FIRST Isaac		DOLE A.	Wilson			r's MAIDEN NA First nni.e		AIDDLE	Gres	han	q	
(YES	was deceased ever in u.s. armed forces? 166 Social security no 17 Informant Address (ves, no or unknown) (if yes, give war or dates) 213-48-9665 Lions Manor Nursing Home, C										·lan	d,	MD
F	PART 2 OTHER SIGN	AS CAUSED IMMEDIATE which nediote g the lost	DUE TO, OI DUE TO, OI DUE TO, OI	RAS A CONSEQUE	ENCE OF			NNAL DISEASE C	R CONDITION		U	SET AND WK	
CERTIFICATION	DATE OF OPERAT	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20e AUTOPS		YES, WERE FI RTIFYING CAL YES []	USES O		H?
	OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW	INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR PAR	T 2)		
¥	MHILE NOT WHAT WORK	HILE (T)	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCAT		CI	TY OR TOWN	COUNTY	,	57	ATE
	20.1 certify that (1) sow the decease above, (1) (we) (c	d olive on_	5-	7 195	. or	nd that in (m	y) (dec) opinion	death occurred a	on the date and	hour and fron	the co	uses sto	
	_	By	Belen			m		MEDICAL DIRECTOR	STAFF PHYSICIAN		5-11	-81	D
	RIAL CREMATION	M. G	hick	MD	JAME OF C		SETOW REMATORY	DR C		AHAD	SHA	121 1	>

(SPECIFY) 5/14/80 Burial

Rose Hill Cemetery

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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

Cumberland. Md.

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	1	山	0	1	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 30,0W, PRESTON STREET
	CA	T	SE	ER A	A.
	ED	JTE	4	Z	D
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLANT OF THE PROPERTY OF THE	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIREGIO	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE"FILED, WITHIN 72 HOM	AFT

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Male White Feb. 2, 1900 80 YRS. 76. BIRTHPLACE (STATEOR FOREIGN COUNTRY) West Virginia USA MARRIED WINDOWED DIVO																					1980 DEATH	PM	
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	ALCERT	21a. EXTERNA UNDERLYING CONTRIBUTII				b. TIME OF HOUR A.M	. MON		Y YEAR	21c. 1	HOW I	NJURY	OCCUR	RED (EN	ITER NA	TURE OF IN	IJURY IN	ITEM 18	PART 1	OR PAR?			NO LA
	MEDI	VIII. INJURY C WHILE AT WORK	OCCURRED			STREET, FAC			T HOME,	21f. L	OC AT I	ON				CITY OR TO	NWN			COUR	NTY		STATE
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STATE OF MARYLAND

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completely filled in by the funeral director 1 and 2 should be filed within 72 hours aft

physician and

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 7

	REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.		100
	CEASED NAME	FIRST		MIDDLE	t	AST	20. DATE OF DEAT		DAY YEAR	2b. HOUR
	Correllery	BRANSO	1	LEE	SI	SLER		05	31 80	2:20 PM
3. SE	x Male		RACE White	9	S. DATE C	y 23, 1887	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
7a. B	West Vi	or foreign 7	LSA	WHAT COUNTRY?	MARRIE WIDOWE	DIE NEVER MARRIED		Y OR COUN	ITY OF DEATH	M
10 0	umberlar	nd DEATH	SACRED	HEART HO	SPITA	OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC Retired	MOITA	126. KIND	of Business or penter
13a	al RESIDENCE (# STATE laryland	136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW OLD TOW	VN	13d INSIDE CITY LIMITS? YES 🖄 NO 🗌	13. STREET ADDRE	ss Box	c 9	
14 F	ATHER'S NAME	ohn Sis	ler	LAST		Sarah R	eynolds **		U	AST
	WAS DECEASED E YES, NO OR UNKNOWN NO			166 SOCIAL SECU	JRITY NO	Mrs. Hazel		DRESS 1d towr	n,Md. Wi	fe
	18 CAUSE OF D	EATH (Enter only	one couse per	line for (0), (b), or					BETWEEN	XIMATE INTERVAL LONSET AND DEATH
CERTIFICATION		ouse lost. SIGNIFICANT CO	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR C	20b. IF	GIVEN IN PART I	INGS USED
7	21a. ACCIDENT WA	S UNDERLYING C	21b. TIME C HOUR A.	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	YES NO		YES [] 18, PART 1 OR PART 2)	NO []
MEDICAL	21d INJURY OCCUMENTAL STREET OF THE STREET O		21e PLACE	M. OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OF	NOWN	COUNTY	STATE
		reased alive on a		e deceosed from 3/ ofter death.	30.01	nd that in (my) (our) opinion DEGREE	death occurred on th		22c. DAT	ESIGNED
	22d. PHYSICIAN	/		A 1	7 -	77e ADDRESS	DIRECTOR PH		Jur	ne 2, 198
22-	U. BURIAL, CREMATI	VELANDIA		122	NAME OF C	CUMBERLAND EMETERY OR CREMATORY	1224 LOCATION			
1.50	SPECIFY Buria	1		4, 1980		n Mound Cem.	Romney	, W. 1	Va.	STATE

DHMH-16 25M (VRA 15, 4) 1/79

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should deached for use as the burial-transit permit. Then please remove carbon with the State deached for use as the burial-transit permit. Then please remove carbon with the State Dept. or Health and Mential Hygiene prior to burial, cremation, or re-

24 FUNERAL DIRECTOR ADDRESS FUNERAL HOME, CUMBERLAND, MD.

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ROT V:

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C. VELDHARA, W.D. CLERKARA, W. 21512

			FOR			DEPARTMENT OF	HEALTH		NTAL HY	27		3 7 3	
1	η		STATE REGISTRAR		ME	DICAL EXAMIN	IER'S C	ERTIFIC	ATE OF		REG. NO.		K
1	1/_		CEASED NAME OR PRINT)		Villiam	Alvin	Ske1	1 sz		OF-	KNOWN ESTI-	MONTH DAY YEAR	2b. HOUR
1	CTO	3. SEX		4. RACE	S. DATE OF BIRTH			IDER 1 YR.	IE LINDER 2		MATED	5-2-80 ₁₉	6p A
	C. H. C. Ster Married Mr.	J. JLA	Male	White	Jan 25	YEAR LAST BIRTHE	RS.	HS DAYS		MIN. PRONOUN DEAD		5-2-8019	6р
	CESSAR VERAL C FOR YOUTHING	7a. BI	RTHPLACE (S		76. CITIZEN OF W		I e	ED NEV	EP MARDIE	9. BALTIM	ORE CITY OR	COUNTY OF DEATH	- ~
	95	Pi	ato. I	MD	US	A	WIDOW		ENDER	SOCK A	11egan	У	MD
	VERSE OF	10. CI	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HOM				FOR MOST OF WOR	PATION (TYPE O	OF WORK 12b. KIND OF B OR INDUS	USINESS TRY
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201	IF ANY DELA 3. RETAIN PA SHOULD BEY RECORDS	13a. S		13b. COUN		13c CITY OR TOWN Rawlings		13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRE	SS Genera	al Delivery	
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E, MI	AL SESTION	J	ośeph	Norbet	MIDDLE	Skelly		Ani		Bell	. e	Robinso	n
MOR	N O P E	16a. V	AS DECEASES, NO, OR UNKNO	D EVER IN U.S. AR/	WAR OR DATES)	16b. SOCIAL SECURI	Y NO.	17. INFORM	ANT		ADDRESS		
ALTI	URS AFTE		YES		WW II	214-07-69	66	Freda	a Ske	elly, Ra	wling		
5T., 8	200		18. CAUSE C PART I DI	OF DEATH (Enter an EATH WAS CAUSE	ly ane cause per line DBY:	far (a), (b), and (c).)	Corc	nary	Occ1	sion		BETWEEN ONS	TE INTERVAL SET AND DEATH
NO	GE GE	11	2111	IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE		, iidz y	000.10				
REST	L IN HIS			ins, if any, which ise to immediate	(b)		Coro	nary	Sclen	cosis		=====	=
*	ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT IND MENTAL HY IND MENTAL HY IND OR REMOVAL) stating the under-		AS A CONSEQUENCE	OF						
301	L EX PRIAL				(c)								
ORDS		Z	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	WINAL DISEASI	E OR CONDITION	GIVEN IN PART	1 (a).			
REC	HOULD BE ENDING THE MEDIC USED AS A OF HEALTH ALL CREMATIC	CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	'AS PERFORM	AED?			20. AUTOPS	Y?
ITAI	ORD ORD ORD	TIER										YES 🗆	*NO 🔼
DIVISION OF VITAL RECORDS,	THIS CERTIFICATE SHOUN WRITING THE WORD "YE CHEE WARDED TO THE CHEE PAGE 3 SHOULD BE USE STATE DEPARTMENT OF HISOT PRIOR TO BURIAL, CL		UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF I		M. MONTH DAY YEA		OW INJURY	OCCURRED	(ENTER NATURE OF IN	BURY IN ITEM 18 PA	ART 1 OR PART 2)	
IVISI	CERT TING DED 3 SH DEP/	MEDICAL	21d. INJURY	OCCURRED	21e. PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TO	wN	COUNTY	STATE
۵	R: THIS C TE, WRITI DRWARDE : PAGE : STATE D 21201 PR		AT WORK	NOT WHILE C				11					
	2 5 5 5 5 5		22a. l cert			scribed abave, held an		sy XX	Inspection	X, Inquiry	XX, and	in my apinian	
	M F B D F A		death result	ted fram: Natur	ral causes XX	Accident, S	uicide 🔲			Undetermined me	onner,		
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	TO MEDICAL EXECUTE THE CASE A SHOUT TO FUNERAL AFTER DEATH, BALTIMORE, M.	22 5				elic, M.D.				mberland,	Maryl	and 21502	- 1 10
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DIVISION OF VITAL RECORDS, 201 W.

FOR STATE REGISTRAR

		REGISTRAR			CERTIF	ICATE OF DE	EAIN	REG. NO.			
	I. DEC	CEASED NAME FIRST	٨	NIDDLE	ı	AST			ONTH DAY	YEAR	2b. HOUR
	fare	THOMAS	BURTO	N S	HITH			MAY 12, 19	80		12:10P,
	3 SE)		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ı		Male	Whi	te	3	1	06	711	YRS.		HOURS MIN.
F		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER M	APPIED	9 BALTIMORE CITY OR			
,		aryland	U.S	.A.	WIDOWE	_	ORCED	ALLEGANY	COUNT	Υ,	M
I	177	TY OR TOWN OF DEATH mberland	11. NAME OF H	D'HEART			TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Pipefitter	ORKING LIFE)	INDUSTRY	F BUSINESS OF
5	USU	AL RESIDENCE (# NULL PO HOME COU	e other institution, NTY neral	GIVE RESIDENCE BEFO	WN	13d. INSIDE CIT	TY LIMITS?	13. STREET ADDRESS 70 West Ha	mpshi	re Str	eet
	14 FA	THER'S NAME FIRST W	MIDDLE A.	Smit			MAIDEN NAM	AE MIDDLE		Mich	
T		VAS DECEASED EVER IN U.S. AI (15, NO OR UNKNOWN) (1F YES, GIV NO	RMED FORCES?	216-07-		17 INFORMAN Naomi I		ADDRESS th Piedmor	10 M		mpshire 26750
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(6)	AS A CONSEQ	UENCE OF	VO C. CV	v Cam	n (R) (hhy	,	63	na h th
	MION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO						VERE FINDIN	
?	CERTIFICATION	THE DATE OF OPERATION	178 CONDI	TION FOR WHIC	A OFERATIO	IN WAS FERFOR	(MED			NG CAUSES	OF DEATH?
7	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART	T I OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATIO STREET	2	CITY OR TOWN		COUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased plive or above, (1) (we) (did) (did n	C/12	19	80 ,00		, 19 % 0 our) opinion o	deoth occurred on the dote	ond hour o	and from the	
		226 SIGNATURE	1 Enis	~		1. 1) b		MEDICAL STAFF DIRECTOR PHYSICIA	.м 🗌	22c. DATE	12/19
		A · SIY Y	PILL V) -		27. ADDRESS	schor	Dr. Chm	best	and	Mod.
1	(5	Burial, CREMATION, REMOVA Burial	236. DATE			EMETERY OR C		23d LOCATION CITY OR TOWN Westernpor		legany	STATE Md.
,	FR	NETOLOCK FUNERAL	HOME	TE KILDNESS	PIEDMO	ES STREE	250. DAG 2675	Ar 1 "9" 1980" "	. REGISTR	R'S SIGNAT	Grody

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 TO 17. F 75 17

CERTIFICATE OF DEATH

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tha
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1	TO HOSPITAL OR ATTENDING PHYSICIAL retained by the hospital or attending physician
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

must be notified at once.

1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	CIENES ()	NO.	1 3 7	7 5
	CEASED NAME OR PRINT)	JOHN		SEPH	SPEIR	AST .	MAY 26,	1980	DAY YEAR	26. HOUR 6:15P M
3. SE	х	4	RACE		5. DATE C		6 AGE (IN YEARS LAST I	HRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Ma	le		Caucas	ian	2	24 28	52	YRS.	MONTHS. DATS	MOOKS MIN
	RTHPLACE (STATE OR OUNTRY)	FOREIGN 7		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_		
	Maryland ITY OR TOWN OF DE JMBERLANI		(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	Bld g Su			of Business or
13a S	AL RESIDENCE (IF NUR STATE Maryland THER'S NAME FIRST	Alle		GIVE RESIDENCE BEFOR 13c. CITY OR TOV CIIMbe H	VN	134. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	130. STREET ADDRES 120 Win	ton Pl	ace	sī
	ALLON WAS DECEASED EVEL YES, NO OR UNKNOWN)	R IN U.S. ARM		Snein 186 SOCIAL SECT 215-20-5	URITY NO.	Fua 17 INFORMANT	Cece	RESS	Sm	ith d. 21502
	Conditions, if ongove rise to imcove (a), statunderlying cous	nmediote ing the e lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	JENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	(0)
TION		- 6	Eneme	n			20a AUTOPSY?		ES, WERE FINDI	
TIFICA	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	HOPERATIO	N WAS PERFORMED	YES NO	IN CERT	IFYING CAUSES	
MEDICAL CERTIFICATION	216. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	, PART 1 OR PART 2)	
MEDI	214. INJURY OCCUP	RRED WHILE	21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE,	FARM, ETC.)	ZIE LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a I certify that you have come obove (1) (we) (22b. SIGNATURE)	sed alive on (did) did not)	view the body		80,01	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL S' DIRECTOR PHY	TAFF SICIAN [22c. DATE	E SIGNED May PU
	DR. AN	THONY	J. BO	LLINO,	JR.		RIAL MEDI		BUILDI	NG

BP.

DHMH-16 25M (VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 5/29/80 Burial
24. FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY SS. PeteréPaul Cem. Cumberland Allegany
21502 250. DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE
Cumberland, Md. 1980

234 LOCATION

STATE COUNTY

202Greene St. Wayne George Cumberland, Md.

23b. DATE

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	of marker of what				40.1

SHIPTING USERSON JAROMEN

ATTENDING PHYSICIAN:

completely filled in by the funeral dire-

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	10	1	7	6
1	1	3	-	9

- STATE REGISTRAR			000 2000	CERTIF	ICATE OF DEATH		REG. N	O.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST NN I E		JR I E	TUR	NER	2 R	DITTE OF DETTITE	монтн У, 23	, 1980	25. HOUR 5:20 P
3 SEX Female		ACE Whi	te	S. DATE C	DAY YEAR	95	GE (IN YEARS LAST BIRT	YRS.		
7e BIRTHPLACE (STATE ORF- COUNTRY) W . T		USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		ALLEGANY			
Cumberle					OR OTHER INSTITUTION TAL	(TYF	usual occupat e of work for most o actical N	F WORKING	LIFE) INDUSTR	
USUAL RESIDENCE (IF NUR. 130. STATE W. Va.	Miner		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Keysel	N	134. INSIDE CITY LIMITS	S? 13n.	STREET ADDRESS	reet	, Keyse	er, W. V
14 FATHER'S NAME FIRST A brahai	MIDO	LE	Kile		15. MOTHER'S MAIDEN FIRST Inda	NAME	Belle		Kimk	ole
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAI None		166 SOCIAL SECU	RITY NO.	Mrs. Robert	t Ell	ifritz,l		Street,	Keyser,
	mediate ng the e lost.	(c) IDITIONS <u>CC</u>	R AS A CONSEQUE		NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION G	IVEN IN PART	1(0)
190 DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFORMED		00 AUTOPSY?	IN CERT	ES, WERE FINE FIFYING CAUS YES [DINGS USED ES OF DEATH?
OR CONTRIBUTION !	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	B, PART 1 OR PART 2	
(IF EITHER, NOTIFY MEDIC 216. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED HILE D	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
22s. I certify that (I' sow the decease abave, (I) (***e) (ed alive on	- 5	-23 19	80.0	nd that in (my) (our) opi	78. inion deat	to	23 ate and h		
226. SIGNATURE	les E	may	your		DEGREE ATTENDIN PHYSICIA	NG KOI	EDICAL STA			TE SIGNED
VICTOR F			U		912 SETON	DR	CUMBERI A	ND. MD	21502	2

BP.

DHMH-16 25(4 (VRA 15, 4) 1/7

23s BURIAL

MARKWOOD

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

> 5/26/80 Buria

23b. DATE

CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Lahmansville Cemetery 23d LOCATION CITY OR TOWN Lahmansville Grant

STATE W. Va.

HOME, IN MINERAL ST, KEYSER, W. VA.

12, 23, 1500 1:20 850 ALLEGARY CURARY, الدان الدان الدان المالات INTERNAL PROPERTY OF pidmir silve abn. The test and toward a sea, of building precon . due ARCIEMO GOUTY PAPH ROWING 5-26-50 STRIP THE PROPERTY OF CATES SIC. ALELEN PHYZEGORG NO north 1 19/20/20 Plantagerian Senetary Contains Line

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	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR	2b. HOUR
20		OR PRINT) BESS		AAY	TWIGG	MAY 14, 1980	1:00 A
M	3 SEX		4 RACE	4.1	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 H
		Female	White	9	May 31 0 1 1926 AR	53 YRS.	HOURS MI
fune at the		RTHPLACE (STATE OR FOREIGN DUNTRY) UST Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY	
filed within nust be notified.	Cu	TY OR TOWN OF DEATH	SACRED	HEART HO	OSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NUTS OS ALC NUTS I	ng Hon
should be fill examiner mu	13a S	AL RESIDENCE (IF NURSING HOAD) TATE 13b C	Legany	GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO 1	Rt. 2, Flintstone, MD	
dold dold	14 FA	THER'S NAME Benjamin Sin	rbaugh	LAST	15. MOTHER'S MAIDEN N Mary H	AME C. Farris HODLE LAST	
Pages 1 an	160 V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU		Twigg Flintstone, MD H	usvand
I by the atten sse remove car al, cremation,	100	gove rise to immediate cause 101, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF Intestine	l obstruction	
s been signed by it. Then please reprior to burial, or ws any injury, or	FICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION	DUE TO, OI	ONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? 70b IF YES, WERE FINDING IN CERTIFYING CAUSES C	OF DEATH?
icate has been signed by sist permit. Then please re Hygiene prior to burial, cr	CAL CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION	DUE TO. OI (c) NT CONDITIONS CO 19b COND 19b COND 10b TIME OI HOUR A.	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATION WAS, PERFORMED VIEW TO STAKE TO	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? ZOD. IF YES, WERE FINDING	
After this certificate has been signed by s the burial-transit permit. Then please re th and Mental Hygiene prior to burial, cr marked or Item 18 shows any injury, or	MEDICAL CERTIFICATION	Cause Ia), stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, OI (c) NT CONDITIONS CC 19b COND 19b COND 21b TIME O HOUR A. P. 21e PLACE	ONTRIBUTING TO C	OPERATION WAS, PERFORMED OPERATION WAS, PERFORMED OPERATION WAS, PERFORMED 1216 HOW INJURY OCCU 19 216 LOCATION	MINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? YES NOW IN CERTIFYING CAUSES CO	OF DEATH?
CTOR: After this certificate has been signed by or use as the burial-transit permit. Then please re of Health and Mental Hygiene prior to burial, cr in 21 is marked or Item 18 shows any injury, or		PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM WHILE NOT WHILE	DUE TO, OI (c) NT CONDITIONS CO 19b COND 19b COND 19b COND 19b COND 21b TIME O HOUR A. NER) 21e PLACE (AT HOME, STI	DITRIBUTING TO C	OPERATION WAS PERFORMED AT YEAR 19 216 HOW INJURY OCCU STREET 217 LOCATION STREET AND ON THE TERMINING AND ON THE TERMINING AND ON THE TERMINING AND ON THE TERMINING ATTENNING ATTENNING	MINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? YES NOW IN CERTIFYING CAUSES OF YES NOW IN CERTIFYING CAUSES OF YES COUNTY OF TOWN COUNTY CITY OR TOWN COUNTY A death occurred on the date and hour and from the county of the date and hour and from the date and hour and the date and hour and the date and ho	STATE out (I) (we) I
CTOR: After this certificate has been signed by or use as the burial-transit permit. Then please re of Health and Mental Hygiene prior to burial, cr m 21 is marked or Item 18 shows any injury, or		COUSE 101, stating the underlying cause last PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPETITIER, NOTIFY MEDICAL EXAM. 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WOR	DUE TO, OI (c) NT CONDITIONS CO 19b COND 19b COND 10b TIME O HOUR A. P. 21e. PLACE: (AT HOME, STI	ONTRIBUTING TO C	OPERATION WAS, PERFORMED OPERATION WAS, PER	MINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? YES NO NO NEET INCERTIFYING CAUSES OF YES NO NOT YES NOT Y	STATE out (I) (we) I

MESSIE MAY TWISE SAY IA, 1280 A ALLEGANY COUNTY strent off erm SACRED MEANT GOSPITAL Andrew S. Litter of the constant Mary Market Royal Co., 19 JOHN N. MERTHIK, N. O. 202-2 SETON DRIVE, KUN ERLEND, NO. 21502 match selection and through the Allert Match

SCARPELLI 108 VIRGINIA AVE., CUMBERLAND, NO.

	1.	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. N	0.	5 /	8
		CEASED NAME FIRST	WIDDLE		LAST	2e. DATE OF DEATH		YEAR	2b. HOUR
	(ITPE	Lula Lula	Elizab	eth	Warne	5/27/8	0		6:00p w
1	3. SE		4 RACE	S. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY] IF UND	DER I YEAR	IF UNDER 24 HRS
1		Female	White	12	/29/80 YEAR	79	YRS.	SOAYS	HOURS MIN
36	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	? 1	D NEVER MARRIED	Allegan	R COUNTY OF D	EATH	
on and	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Frostburg Commit	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAK	ON 121 F WORKING LIFE) IN	DUSTRY	BUSINESS OR Home
6 miles	usu 130. S Ma	ALRESIDENCE (# HURSING HOME ITATE 136 CO Tyland All	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	134 INSIDE CITY LIMITS? YESZAZ NO [13. STREET ADDRESS PO Box 427			
010 ex	14 F/	Wes'Tey	Durst Durst		Sara Sara			Layn	nan
t, the me		vas deceased ever in U.S. / ves, no or unknown) (# yes, g No —	ARMED FORCES? 166 SOCIAL SEC SINE WAR OR DATES) 216-76		"Charles Du Garo wax Rowe	ırst, 1201 xxx irest bu	8 McMu	umbe	rland.
atic even		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse per line for (a), (b), o SED BY. IATE CAUSE (a)	nd icil	norary	Polors		APPROXIM BETWEEN ON	ATE INTERVAL NSET AND DEATH
r traum		4140 Conditions, if any, which	DUE TO, OR AS A CONSEQUE	JENCE OF	- sucesto	onia.			
y, or othe		gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEOU		to ASNO				
any injur	NO NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I/a	1
n 18 shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES (GS USED OF DEATH? NO []
or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	ZEATT.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I O	R PART 2)	
marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn co	YTHUC	STATE
em 21 is		saw the deceased alive of	spital) attended the deceased fram an		nd that in (my) (aur) opinian o	, ta death occurred on the d	te and haur and		hat (I) (we) last auses stated
NT: If It		20 SIGNATURE	-9-	pr	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	22c. DATE S	IGNED
with the State Dept. o		Dr. Melvin G			22. ADDRESS 48 Tarn Terra	ace, Frostbu	urg, Md 2	21532	
3 4	230 1	Burial, Cremation, Removi Burial			cemetery or crematory on Cemetery	Frostbur	eg, Garr	ett.	STATE Md.
6 25M 4) 1/79	1	Lynn DIRECTOR Dell	man Gran	tsvil	le, Md.	EVELLA BA BECKERAN	256. REGISTRAR'S	SIGNATU	Creedy

STATE OF MARYLAND

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any injury, or other traumatic event,

If Item 21 is marked or Item 18 shows

ched for use as the burial transit permit. Then please remove carbon papers. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3/9
I. DECEASED NAME FRST TYPE OR PRINT) STANL	EY WALLACE	WHITE	te. Drite of Deritti	1980 25. HOUR 10:10A
3. SEX Male	4 RACE White	May" 5, 1909	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY,	COUNTY MD.
Cumberland	SACRED HEART	HOSPITAL	120. USUAL OCCUPATION (17/PEOF WORK FOR MOST OF WORKING LIF Brick Layer	(E) INDUSTRY Construction
Maryland 136 CO	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c, CITY OR TOW Baltimor	N 134. INSIDE CITY LIMITS?	13x STREET ADDRESS 1515 W. Lombar	d St.
14. FATHER'S NAME FIRST Henry	white	15. MOTHER'S MAIDEN NA. F#ST Stella	MIDDLE	Hughes
	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 312-16-1		a Black, 1515 W.	Lombard St.
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	natia Marcacan	
	ssee of e	OPERATION WAS PERFORMED	Cauce.	/EN IN PART 1101
190 DATE OF OPERATION 4-22-80 210. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	Biology of	Tur & Cefes may YEAR 21/HOW INJURY OCCORI	YES NO SY	FYING CAUSES OF DEATH?

21f LOCATION

STREET

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

saw the deceased alive on

22a.1 certify that (I) (this hospital) attended

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

AT WORK

174 SIGNATURE

22e ADDRESS

DEGREE

BISHOP WALSH ROAD, CUMBERLAND, MD. 21502

CITY OR TOWN

3a.	BURIAL, CREMATION, REMOVAL	. 23b. DATI
	Burial	5/1

4/80

VICTOR FELIPA, M.D.

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c NAME OF CEMETERY OR CREMATORY Cheltenham Cemetery 234 LOCATION
CITY OF TOWN
Upper Marlboro

Md.

24 FUNERAL DIRECTOR WITZKE CATONSVILLE, F.H. CATONSVILLE, ND. 21228 MAY 1 4 1980

DHMH-16 25M (VRA 15, 4) 1/79

ATTENDING

TO FUNERAL DIRECTOR:

should be detached for unwith the State Dept. of Innangation 2

MPORTAN

Total Bridge			
10:10 IAY 02, 1266 10:10	BILLY BOY	VIDOW YSUID	57.
ALUEBANY, COUNTY			
	HEART HUSPITAL	SACHED	

VICTOR FELTRA, e.o.

WITEKE CATOMSVILLE, F.H.

1630 EDMONDS ON AVENUE CATONSVILLE, NO. 21228

225 SISHOP WALST HARD, CHRISHLAND, NO. 21502

	1 -	STATE REGISTRAR		1		CERTIF	ICATE OF DEATH	REG. N		5	8 0
		EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH			2b. HOUR
8			ALLEN		LEE		KINS	MAY I		1	7:15A
3	SEX	Male		4 RACE Whi	.te	5 DATE O	DE BIRTH 1930	6. AGE (IN YEARS LAST OR		UNGER I YEAR	HOURS MI
109	BIR CO	THPLACE ISTATEORF UNTRY New York	OREIGN	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C			
52	(or town of DE.	1	SAI	CRED HEAR	G HOME C	PITAL	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O Retired		INDUSTRY	F BUSINESS Marke
		L RESIDENCE (# NUR TATE	136 COUN	other institution	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Cumberla	V	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 220 Hai	rrison S	St.	
011	I FA	THER'S NAME FIRST	lark A	. Wilki	ns LAST		15 MOTHER'S MAIDEN NAME FIRST Bes	sie Boone		LAS	.1
t, the med	la W	AS DECEASED EVER S, NO OR UNKNOWNI NO	IN U.S. AR	MED FORCES? WAR OR DATES!	215-26-6		Mrs. Marie W	ilkins, Cur		d, Md.	Wife
	T	18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b), and	Itchi	1 1	2		BETWEEN	MATE INTERVAL ONSET AND DEA
any injury, or or	NOI	gove rise to im- couse (o), statis underlying couse PART 2 OTHER SIG	ng the lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10)
9	CERTIFICATION	19a DATE OF OPERA	TION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
		216 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2]	
and the state of t	MEDICAL	214 INJURY OCCUR WHILE NOT WAT WORK AT WORK	RED HILE D	210 PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC J	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
em 21 is		22a I certify that (1) saw the deceas above, (1) (we) (ed olive on		19.8	5-11	nd that in (my) (our) opinion o	to $6 - 15$ death occurred on the d	ote and hour a		that (I) (we) couses stated
T.T.		22b. SIGNATURE	(dea	esny		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
MPORTANT		JOSE V					911 SETON D	DRIVE, CUMB	ERLAND,	MD. 2	21502
23	(5	urial, cremation, Pechyj Burial	REMOVAL	May 18	,1980 Su	nset	EMETERY OR CREMATORY Memorial Park	Cumberla	nd, Ali	egany	STATE Md.
5M 1/79	4 FU	NERAL DIRECTOR	ELLI	FUNERAL	HOME CL	3 VIR	GINIA AVE 250. DATE	PREC'D. BY REGISTRAR	25 PESIGNA	9550865	menting

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

Page 4 may be

	١,	FOR STATE			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG	IENE B O		1 3	a
		REGISTRAR CEASED NAME OR PRINT)	First	U.	DIE		AST SON	20. DATE OF DEATH 5/21/80		YEAR	26. HOUR 11:3
o nce.	3. SE	F		4 RACE Whit	e	S DATE O		6. AGE JIN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24
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or set 2		ostburg		LIE NOT IN SUCH E	ACHITY GIVE STREET	ADDRESS)	Hospital	178 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12h KIND O INDUSTRY	F BUSINES
examiner mu	*13e. :	AL RESIDENCE (III STATE MARYLANI ATHER'S NAME FIRST) ALL	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE BE CITY OR TOW CUMBER:	/N	13d INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NAM		FORD RO	DAD	ī
Olegical O		CONRAI WAS DECEASED I	VER IN U.S. AR		ATZER SOCIAL SECU		SIDNEY 17 INFORMANT	ADDRE	SS	NIELS	
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prior to burial, crema	CERTIFICATION	PART 2 OTHER	SIGNIFICANT	(c)CONDITIONS CON		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	20h. IF YES, V	VERE FINDIN	VGS USED
Tygiene	ERTIFI	21a ACCIDENT W	S UNDERLYING				21c. HOW INJURY OCCUR	YES O POTY	YES [NO [
lental lental lor Item		OR CONTRIBUTING	CAUSE OF DE	Attr	MONTH D	AY YEAR					
th and Mi	MEDICAL	21d INJURY OC	CURRED	21a PLACE OF	INJURY T. FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STA
ed for use a spt. of Heal		saw the de	ceased alive or	ital) ottended the o	19	0	, 19nd that in (my) (our) opinion of	death occurred on the do	te and hour a		
with the State De		224. PHYSICIAN		R PRINT)	The		22e ADDRESS	MEDICAL STAF	IAN 🗌		y 23,
with the			H Lee					errace, Fros	tburg,	Md. 2	1532
- S =	L	BURIAL, CREMAT SPECIFY) BURTA		MAY 24	1980 RO	SEHIL	EMETERY OR CREMATORY L CEMETERY	23d. LOCATION CITY OR TOWN CUMBERLAN	D ALLE		STATE MARY L
16 25M 5, 4) 1/79	24 1	Silcox	Funera		OMESS A	ND MA. 21502	RYLAND	AY 2 7 1980	ZJE. KEGISIKA	K S SIGNAL	Theod

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